

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2009
Secretary of State**

DOCUMENT# N10321

Entity Name: DYAL CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

2974 LAKE ST.
LAWTEY, FL 32058 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 223
LAWTEY, FL 32058 US

New Mailing Address:

FEI Number: 59-0433020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUFORD, VALERIA
2974 LAKE STREET
LAWTEY, FL 32058 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAINWRIGHT, JAMES T
Address: RT. 1, BOX 769
City-St-Zip: LAWTEY, FL

Title: D () Delete
Name: ANDREWS, EMILY
Address: RT. 4, BOX 2865
City-St-Zip: LAKE BUTLER, FL

Title: PTD () Delete
Name: REDDISH, VERNON
Address: RT 2, ROAD 100 WEST
City-St-Zip: STARKE, FL 32091

Title: DS () Delete
Name: SHUFORD, VALERIA
Address: P.O. BOX 223
City-St-Zip: LAWTEY, FL 32058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA SHUFORD

DS

04/06/2009

Electronic Signature of Signing Officer or Director

Date