


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 001 ****61.25

DOCUMENT # N22051 1. Entity Name SAPP CEMETERY ASSOCIATION, INC.	
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Principal Place of Business 12416 237TH PLACE RAIFORD, FL 32083 US	Mailing Address 12416 237TH PLACE RAIFORD, FL 32083 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUDREY ABELL 12416 NE 237TH PLACE RAIFORD, FL 32083

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JANET L 12473 N E CR 793 RAIFORD, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELL, AUDREY 12416 NE 237TH PLACE RAIFORD, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, DICK PO BOX 576 RAIFORD, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, JOEY P.O. BOX 641 RAIFORD, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DAN RT. 1 BOX 29 RAIFORD, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, ALVIN 11207 NE CR 793 RAIFORD, FL 32083

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Audrey A. Abell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>18 Jan. 2008</u> <small>Date</small>	<u>386-431-1875</u> <small>Daytime Phone #</small>
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