2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22051

FILED Mar 11, 2009 Secretary of State

Entity Name: SAPP CEMETERY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12416 237TH PLACE RAIFORD, FL 32083 US

Current Mailing Address: New Mailing Address:

12416 237TH PLACE RAIFORD, FL 32083 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AUDREY ABELL 12416 NE 237TH PLACE RAIFORD, FL 32083

OFFICERS AND DIRECTORS:

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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

THOMAS, JANET L THOMAS, JANET L Name: Name: 12473 N E CR 793 Address: 12473 N E CR 793 Address: City-St-Zip: RAIFORD, FL 32083 City-St-Zip: RAIFORD, FL 32083 US

Title: () Delete Title: (X) Change () Addition ABELL, AUDREY Name: ABELL, AUDREY Name:

Address: 12416 NE 237TH PLACE Address: 12416 NE 237TH PLACE City-St-Zip: RAIFORD, FL 32083 City-St-Zip: RAIFORD, FL 32083 US

Title: Title: (X) Change () Addition () Delete

SAPP, DICK SAPP, DICK Name: Name: PO BOX 576 Address: Address: 12514 NE 237TH PL City-St-Zip: RAIFORD, FL 32083 City-St-Zip: RAIFORD, FL 32083 US

Title: () Delete Title: D (X) Change () Addition

NORMAN, JOEY Name: NORMAN, JOEY Name: P.O. BOX 641 P.O. BOX 641 Address: Address: City-St-Zip: RAIFORD, FL 32083 City-St-Zip: RAIFORD, FL 32083 US

Title: () Delete Title: (X) Change () Addition

DAVIS, DAN DAVIS, DAN Name: Name: Address:

12746 NE 233RD LANE RT. 1 BOX 29 Address: RAIFORD, FL 32083 City-St-Zip: RAIFORD, FL 32083 US

Title: () Delete Title: (X) Change () Addition

GRIFFIS, ALVIN GRIFFIS. ALVIN Name: Name: Address: 11207 NE CR 793 Address: 11207 NE CR 793 RAIFORD, FL 32083 RAIFORD, FL 32083 US City-St-Zip: 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: AUDREY ABELL D 03/11/2009