

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24978

FILED
Apr 18, 2009
Secretary of State

Entity Name: GLENWOOD CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

3190 GRAND AVENUE
GLENWOOD, FL 32722

New Principal Place of Business:

Current Mailing Address:

3190 GRAND AVENUE
P.O. BOX 220031
GLENWOOD, FL 32722

New Mailing Address:

FEI Number: 59-1010788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYSON, CAROLE
GLENWOOD PRESBYTERIAN CHURCH
3190 GRAND AVENUE
GLENWOOD,, FL 32722 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: DS () Delete
Name: VITA CRAIN
Address: 8353 SE 177 BARTRAM LOOP
City-St-Zip: THE VILLAGES, FL 32162

Title: D () Delete
Name: ELMER VANCLEEF
Address: 731 E OHIO AVE.
City-St-Zip: DELAND, FL

Title: DVP () Delete
Name: FULTON, JOYCE
Address: 504 N KANSAS AVE
City-St-Zip: DELAND, FL 32724

Title: DC () Delete
Name: HARRINGTON, DON A.
Address: 1102 ROLLING ACRES DR.
City-St-Zip: GLENWOOD, FL

Title: DT () Delete
Name: BRUDERICK, DAVID L
Address: 2939 RUGGLES DRIVE
City-St-Zip: DELAND, FL 32720

Title: DP () Delete
Name: JOHNS, WAYNE
Address: 402 W. MINNESOTA AVE.
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DX (X) Change () Addition
Name: ELMER VANCLEEF
Address: 731 E OHIO AVE.
City-St-Zip: DELAND, FL

Title: DVP (X) Change () Addition
Name: VARNEY, SALLY G
Address: 131 CHELTON CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: DC (X) Change () Addition
Name: HARRINGTON, DON A.
Address: 1102 ROLLING ACRES DR.
City-St-Zip: GLENWOOD, FL 32720

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

Title: DP (X) Change () Addition
Name: JOHNS, WAYNE
Address: 402 W. MINNESOTA AVE
City-St-Zip: DELAND, FL 32720

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: DAVID L BRUDERICK

DT

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date