2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N25661

Entity Name: MIDWAY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

MIDWAY CEMETERY
4715 WOLF RAM LN
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

MIDWAY CEMETERY
4715 WOLF RAM LN
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

THOMPSON, PHILLIP H.
5592 W DAYFLOWER PATH
LECANTO, FL 34461 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: PD ( ) Delete
Name: THOMPSON, KARL H
Address: 4715 WOLFRAM LN
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete
Name: GUNNELLS, GLENDA
Address: 2083 TEMPLE TERRACE
City-St-Zip: CLEARWATER, FL 33759

Title: TD ( ) Delete
Name: KINNISON, DUANE
Address: 4501 ZACK DR
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: KINNISON, DUANE
Address: 5518 LOFPALOS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: KARL H THOMPSON PD 03/27/2008

Electronic Signature of Signing Officer or Director — Date