2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N28556

Entity Name: THE LAKE HILL CEMETERY IMPROVEMENT ASSOCIATION

Current Principal Place of Business:

5950 OLD WINTER GARDEN
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

PO BOX 616370
ORLANDO, FL 32861

New Mailing Address:

PO BOX 616370
ORLANDO, FL 328616370

FEI Number: 90-0162877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMICHEN, DOROTHY J
1500 EAST CONCORD STREET
ORLANDO, FL 32803 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:	P	( ) Delete
Name:	SHEDD, EDDIE	
Address:	113 SOUTH HART BLVD	
City-St-Zip:	ORLANDO, FL 32835	
Title:	V	( ) Delete
Name:	SHEDD, MICKEY	
Address:	4279 PENINSULA POINT	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	GARVIN, WAYNE	
Address:	7635 CLARCONA OCOEE RD.	
City-St-Zip:	ORLANDO, FL	
Title:	D	( ) Delete
Name:	KENDRICK, SANDRA	
Address:	5920 INDIAN HILL ROAD	
City-St-Zip:	ORLANDO, FL 32808	
Title:	T	( ) Delete
Name:	MC MICHEN, ISLA C	
Address:	928 AMERICAN BEAUTY ST	
City-St-Zip:	ORLANDO, FL 32818	
Title:	D	( ) Delete
Name:	PATRICK, GEORGE	
Address:	4401 FORELAND PLACE	
City-St-Zip:	ORLANDO, FL 32812	

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:	
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: EDDIE L. SHEDD P 04/24/2009

Electronic Signature of Signing Officer or Director — Date