


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90075 031 ****61.25

DOCUMENT # N29163 1. Entity Name LAKE MARY CEMETERY ASSOCIATION, INC.	
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Principal Place of Business C/O OTTIS SJOBLUM - <i>deceased</i> 271 LAKESHORE DRIVE LAKE MARY FL 32746	Mailing Address C/O MARY JANE DURYEA 116 E. CRYSTAL LAKE AVE. LAKE MARY FL 32746
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2. Principal Place of Business - No P.O. Box # <i>116 E Crystal Lake Ave</i> Suite, Apt. #, etc.	3. Mailing Address <i>116 E Crystal Lake Ave</i> Suite, Apt. #, etc.
City & State <i>Lake Mary, Fla.</i>	City & State
Zip <i>32746</i>	Country <i>Seaside</i>

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SJOBLUM, OTTIS 271 LAKESHORE DRIVE LAKE MARY FL 32746	7. Name and Address of New Registered Agent Name <i>CLINT Rhodes</i> Street Address (P.O. Box Number is Not Acceptable) <i>116 E. CRYSTAL LAKE AVE</i> City <i>LAKE MARY, FLA.</i>
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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 <i>CLINT A RHODES</i> DATE <i>1/22/07</i>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD SJOBLUM, OTTIS 271 LAKESHORE DR. LAKE MARY FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D STEVEN SUHER 316 EVANS DALE RD. LAKE MARY, FLA. 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RICE, EVELYN 243 N. COUNTRY CLUB DR. LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D KATHLEEN, GEHR A 39620 REBA RD EUSTIS FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D O'CONNOR, CLAIRE E. 227 CLERMONT RD. LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD DURYEA, MARY JANE 235 CLERMONT RD. LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D / PRESIDENT RHODES, CLINTON 116 E CRYSTAL LAKE AVE. LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>MARY JANE DURYEA</i> DATE: <i>1-22-07</i> DAYTIME PHONE: <i>407 322-9585</i>