

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90035 034 ****61.25

DOCUMENT # N29163	
1. Entity Name	
LAKE MARY CEMETERY ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
116 EAST CRYSTAL LAKE AVE LAKE MARY FL 32746	116 EAST CRYSTAL LAKE AVE LAKE MARY FL 32746

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1992162	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent
RHODES, CLINT 116 EAST CRYSTAL LAKE AVE LAKE MARY FL 32746

7. Name and Address of New Registered Agent
Name: <i>Mary Jane Duryea</i>
Street Address (P.O. Box Number is Not Acceptable): <i>116 East Crystal Lake Ave</i>
City: <i>Lake Mary</i> FL Zip: <i>32746</i>

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>Mary Jane Duryea</i>	DATE: <i>1-23-08</i>
Signature of individual named as registered agent in this filing (NOTE: Registered Agent signature is required when changing)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: <i>Director</i>	☐ Delete
NAME: <i>SUTTER, STEVEN</i>	
STREET ADDRESS: <i>316 EVANSDALE RD</i>	
CITY-STATE-ZIP: <i>LAKE MARY FL 32746</i>	
TITLE: <i>D</i>	☐ Delete
NAME: <i>RICE, EVELYN</i>	
STREET ADDRESS: <i>243 N. COUNTRY CLUB DR.</i>	
CITY-STATE-ZIP: <i>LAKE MARY FL 32746</i>	
TITLE: <i>D</i>	☒ Delete
NAME: <i>KATHLEEN, GEHR A</i>	
STREET ADDRESS: <i>39620 REBA RD</i>	
CITY-STATE-ZIP: <i>EUSTIS FL 32736</i>	
TITLE: <i>D</i>	☐ Delete
NAME: <i>O'CONNOR, CLAIRE E.</i>	
STREET ADDRESS: <i>227 CLERMONT RD.</i>	
CITY-STATE-ZIP: <i>LAKE MARY FL 32746</i>	
TITLE: <i>STD</i>	☐ Delete
NAME: <i>DURYEA, MARY JANE</i>	
STREET ADDRESS: <i>235 CLERMONT RD.</i>	
CITY-STATE-ZIP: <i>LAKE MARY FL 32746</i>	
TITLE: <i>DP</i>	☐ Delete
NAME: <i>RHODES, CLINTON</i>	
STREET ADDRESS: <i>116 EAST CRYSTAL LAKE AVE</i>	
CITY-STATE-ZIP: <i>LAKE MARY FL 32746</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

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>1-23-08</i>
109325-9585	