

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34011

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** COCONUT GROVE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

3601 FRANKLIN AVE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3601 FRANKLIN AVE  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0189456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBS, W TUCKER  
2880 MCFARLANE ROAD  
SUITE 205  
COCONUT GROVE, FL 33133 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: FOX, RONALD  
Address: 16711 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: TD ( ) Delete  
Name: HALL, ESTELLE A  
Address: 3601 FRANKLIN AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: GIBBS, TUCKER  
Address: 2980 MCFARLANE ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD (X) Change ( ) Addition  
Name: WHITE, DAVID  
Address: 3351 FRANKLIN AVENUE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Change (X) Addition  
Name: BAKER, LEONA C  
Address: 201 WASHINGTON STREET  
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Change (X) Addition  
Name: MITCHELL, MELODIE R  
Address: 4716 BROOKER STREET  
City-St-Zip: COCONUT GROVE, FL 33133

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: RONALD FOX

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date