2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N34453

Entity Name: HOLT CEMETERY COOPERATIVE CORP.

Current Principal Place of Business:

4460 COOPER LANE
HOLT, FL 32564 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 561
HOLT, FL 32564 US

New Mailing Address:

FEI Number: 59-2978843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLT, GEORGE W.
4460 COOPER LANE
HOLT, FL 32504 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:	CD	( ) Delete
Name:	GRIFFITH, CHARLES,	
Address:	P.O. BOX 173 N/A	
City-St-Zip:	HOLT, FL 32564 US	
Title:	D	( ) Delete
Name:	GIVENS, RALPH,	
Address:	443 PECAN	
City-St-Zip:	HOLT, FL 32564 US	
Title:	D	( ) Delete
Name:	LIVINGSTON, JAMES,	
Address:	P.O. BOX 234	
City-St-Zip:	HOLT, FL 32564 US	
Title:	STD	( ) Delete
Name:	HOLT, GEORGE W.,	
Address:	4460 COOPER LANE	
City-St-Zip:	HOLT, FL 32564 US	
Title:	D	( ) Delete
Name:	JOHNS, LEON,	
Address:	P.O. BOX-44 N/A	
City-St-Zip:	HOLT, FL 32564 US	
Title:	D	( ) Delete
Name:	VACANT,	
Address:	4460 COOPER LANE	
City-St-Zip:	HOLT, FL 32564 US	

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: GEORGE W, HOLT STD 03/03/2009

Electronic Signature of Signing Officer or Director — Date