


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90012 012 ****61.25

DOCUMENT # N35382	
1. Entity Name	
GLENDALE PRESBYTERIAN CHURCH CEMETERY ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
9218 STATE HWY 83 DEFUNIAK SPRINGS FL 32433 US	9218 STATE HWY 83 DEFUNIAK SPRINGS FL 32433 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number	NO-T APPLICABLE	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RACHELS, HAZEL T 8436 ST HWY 83 N DEFUNIAK SPRINGS FL 32433	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHELS, HAZEL	NAME	
STREET ADDRESS	8436 ST HWY 83 N	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, BELL	NAME	
STREET ADDRESS	1078 CO HWY 192	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRADLIN, LYNN	NAME	
STREET ADDRESS	301 RAY RD	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, DAVID	NAME	
STREET ADDRESS	2453 BROWN RD	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOSH, ARNOLD	NAME	
STREET ADDRESS	769 BARTLETTE RD	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: *Hazel T. Rachels* HAZEL T. RACHELS 1850-859 7209