2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N39979

Entity Name: LAKE COUNTY FUNERAL DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

279 S. CENTRAL AVE.
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 949
UMATILLA, FL 327840949

New Mailing Address:

FEI Number: 59-3027565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASLEY, DOUGLAS E.
279 S. CENTRAL AVE.
UMATILLA, FL 32784 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:	HASLEY, DOUGLAS E.,	
Address:	279 S. CENTRAL AVE.	
City-St-Zip:	UMATILLA, FL 32784	
Title:	VPD	( ) Delete
Name:	HAYES, TOMMY L.,	
Address:	28 W. WOODWARD AVE.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	STD	( ) Delete
Name:	PAULI, LAWRENCE W.,	
Address:	1617 S. BAY STREET	
City-St-Zip:	EUSTIS, FL 32726	
Title:	TR	( ) Delete
Name:	FLOYD, MICHAEL,	
Address:	858 W. MINNEOLA AVE.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	TR	( ) Delete
Name:	HILBISH, ARTHUR,	
Address:	326 E, ORANGE AVE.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	TR	( ) Delete
Name:	KURFISS, FREDRICK B.,	
Address:	132 E. MAGNOLIA AVE.	
City-St-Zip:	GROVELAND, FL 34736	

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: LAWRENCE W. PAULI STD 01/21/2009

Electronic Signature of Signing Officer or Director — Date