

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39979

FILED  
Feb 07, 2012  
Secretary of State

**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 32784

**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  
Name: HASLEY, DOUGLAS E.  
Address: 279 S. CENTRAL AVE.  
City-St-Zip: UMATILLA, FL 32784

Title: VPD  
Name: HAYES, TOMMY L.  
Address: 28 W. WOODWARD AVE.  
City-St-Zip: EUSTIS, FL 32726

Title: STD  
Name: PAULI, LAWRENCE W.  
Address: 1617 S. BAY STREET  
City-St-Zip: EUSTIS, FL 32726

Title: TR  
Name: HILBISH, ARTHUR  
Address: 326 E. ORANGE AVE.  
City-St-Zip: EUSTIS, FL 32726

Title: TR  
Name: KURFISS, FREDRICK B.  
Address: 132 E. MAGNOLIA AVE.  
City-St-Zip: GROVELAND, FL 34736

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE W. PAULI, JR.

STD

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date