2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# N45212

Entity Name: LAUREL HILL CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

2615 NW 5TH PLACE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

2615 NW 5TH PLACE
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 65-0284330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AILSTOCK, JANET P
2615 NW 5 PLACE
GAINESVILLE, FL 32607 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:	D	( ) Delete
Name:	WEST, MARCIA	
Address:	305 E CHURCH ST	
City-St-Zip:	ARCHER, FL 32618	
Title:	D	(X) Delete
Name:	GREEN, ANN B	
Address:	202 PEACHTREE ST	
City-St-Zip:	ARCHER, FL 32618	
Title:	D	( ) Delete
Name:	DAVIS, TILLIE	
Address:	16311 SW 139TH AVE	
City-St-Zip:	ARCHER, FL 32618	
Title:	DV	( ) Delete
Name:	AILSTOCK, JANET P	
Address:	2615 NW 5 PLACE	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	(X) Delete
Name:	COPELAND, THOMAS	
Address:	12925 SW 154TH ST.	
City-St-Zip:	ARCHER, FL	
Title:	D/P	( ) Delete
Name:	COOPER, TAMMY	
Address:	11701 SW ARCHER RD.	
City-St-Zip:	GAINESVILLE, FL 32608	

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: JANET P. AILSTOCK DIRE 01/22/2008

Electronic Signature of Signing Officer or Director — Date