2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45212

FILED Mar 24, 2009 Secretary of State

Entity Name: LAUREL HILL CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
2615 NW :	5TH PLACE ILLE, FL 32607			
Current Mailing Address:		New Mailing Address:		
	5TH PLACE ILLE, FL 32607	US		
FEI Number	: 65-0284330	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	f New Registered Agent:
2615 NW : GAINESVI The above	ILLE, FL 32607		purpose of changing its registere	d office or registered agent, or both
in the State	e of Florida.	abilitis tilis statement for the	purpose or onlinging he registers	d office of registered agent, or botti,
	e of Florida. RE:			
SIGNATUI	e of Florida. RE:	ic Signature of Registered Ag	ent	Date
SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE:Electron S AND DIRECT	ic Signature of Registered Ag FORS: Delete ST	ent	Date
SIGNATUI	e of Florida. RE: Electron S AND DIRECT D () WEST, MARCIA 305 E CHURCH ARCHER, FL 32	ic Signature of Registered Ag FORS: Delete ST 2618 Delete	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electron S AND DIRECT D () WEST, MARCIA 305 E CHURCH ARCHER, FL 32 D () DAVIS, TILLIE 16311 SW 1391 ARCHER, FL 32	ic Signature of Registered Ag FORS: Delete ST 2618 Delete TH AVE 2618 Delete ET P CE	ent ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS () Change () Addition

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 03/24/2009