

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45428

FILED  
Feb 21, 2009  
Secretary of State

**Entity Name:** SOUTHSIDE OAK GROVE CEMETARY, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 497  
UMATILLA, FL 32784

**New Principal Place of Business:**

38625 MARSHALL STREET  
UMATILLA, FL 32784

**Current Mailing Address:**

POST OFFICE BOX 497  
UMATILLA, FL 32784

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARROLL, BERTHA M  
38625 MARSHALL ST.  
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:                      D                      ( ) Delete  
Name:                      CARROLL, SABRINA D  
Address:                      603 DOROTHY CIRCLE  
City-St-Zip:                      EUSTIS, FL 32726

Title:                      D                      ( ) Delete  
Name:                      MITCHELL, BRENDA D  
Address:                      38323 CHURCH ST.  
City-St-Zip:                      UMATILLA, FL 32784

Title:                      D                      ( ) Delete  
Name:                      CARROLL, BERTHA M.,  
Address:                      38625 MARSHALL STREET  
City-St-Zip:                      UMATILLA, FL

Title:                      D                      ( ) Delete  
Name:                      MCNEALY, HORACE  
Address:                      2300 HARLEM AVE.  
City-St-Zip:                      EUSTIS, FL

Title:                      D                      ( ) Delete  
Name:                      WEATHERSPOON, HENRY  
Address:                      38231 CHURCH ST.  
City-St-Zip:                      UMATILLA, FL

Title:                      D                      ( ) Delete  
Name:                      CUNNINGHAM, LORETTA  
Address:                      17125 ORANGE STREET  
City-St-Zip:                      UMATILLA, FL 32784

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      D                      (X) Change ( ) Addition  
Name:                      GAINEY, BETTYE J  
Address:                      17324 C.R. 450A  
City-St-Zip:                      UMATILLA, FL 32784

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      D                      (X) Change ( ) Addition  
Name:                      CARROLL, BERTHA M  
Address:                      38625 MARSHALL STREET  
City-St-Zip:                      UMATILLA, FL 32784

Title:                      D                      (X) Change ( ) Addition  
Name:                      MCNEALY, HORACE  
Address:                      2300 HARLEM AVE.  
City-St-Zip:                      EUSTIS, FL 32726

Title:                      D                      (X) Change ( ) Addition  
Name:                      WEATHERSPOON, HENRY  
Address:                      38231 CHURCH ST.  
City-St-Zip:                      UMATILLA, FL 32784

Title:                      D                      (X) Change ( ) Addition  
Name:                      CUNNINGHAM, LORETTA D  
Address:                      17125 ORANGE STREET  
City-St-Zip:                      UMATILLA, FL 32784

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: BERTHA M. CARROLL

D

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date