## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N49020

FILED Jan 11, 2009 Secretary of State

Entity Name: MACEDONIA CEMETERY FUND, INC.

| Entity Name: MACEDONIA CEMETERY FUND, INC.  |   |                                     |   |  |  |
|---|---|-------------------------------------|---|--|--|
| Current Principal Place of Business:        |   |                                     | New Principal Place                         | of Business:                           |  |
| 12544 BAS<br>LIVE OAK,                      |   | US                                  |   |  |  |
| Current Mailing Address:                    |   |                                     | New Mailing Addres                          | New Mailing Address:                   |  |
| ALICE M. B<br>11443 113T<br>LIVE OAK,       | H ROAD  | US                                  |   |  |  |
| FEI Number:                                 | 59-3166897  | FEI Number Applied For ( )          | El Number Not Applicable ( )                | Certificate of Status Desired ( )      |  |
| Name and                                    | Address of  | Current Registered Agent:           | Name and Address                            | of New Registered Agent:               |  |
| COLLINS, 7<br>12544 BAS:<br>LIVE OAK,       | SRD   | US                                  |   |  |  |
| The above in the State                      |   | submits this statement for the purp | ose of changing its registere               | d office or registered agent, or both, |  |
| SIGNATURE:                                  |   |                                     |   |  |  |
|   |   | onic Signature of Registered Agent  |   | Date                                   |  |
| OFFICERS                                    | AND DIREC   | CTORS:                              | ADDITIONS/CHANG                             | ES TO OFFICERS AND DIRECTORS:          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>MCMILLAN III<br>1404 DARROV<br>LIVE OAK, FL  | W AVENUE                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>COLLINS, TOI<br>12544 BASS I<br>LIVE OAK, FL | RD.                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>BASS, ANDRE<br>12675 129TH<br>LIVE OAK, FL   | RD.                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>BASS, ALICE<br>11443 113TH<br>LIVE OAK, FL   | RD.                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>BASS, CARTE<br>10020 129TH<br>LIVE OAK, FL   | RD.                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) 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: ALICE M. BASS #4 01/11/2009