


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 022 ****61.25

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| DOCUMENT # N51262 |  |
| 1. Entity Name JOSHUA CREEK CEMETERY PERPETUAL MAINTENANCE TRUST, INC. | |

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| Principal Place of Business 7827 SE PARKER DRIVE ARCADIA, FL 34266 US | Mailing Address 7827 SE PARKER DRIVE ARCADIA, FL 34266 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|-------------------------------|-------------------------|---------|---------|
| City & State -- Zip -- | City & State Zip | Country | Country |
|-------------------------------|-------------------------|---------|---------|

40056855



01082008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 23-7181563 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WALDRON, EUGENE E JR. 124 N. BREVARD AVE. ARCADIA, FL 34266 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C AVANT, WILLIAM R. 1336 S E HAY 31 ARCADIA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tony Guidry 945 N Arcadia Ave Arcadia FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BATEMAN, CHOBEE P. 7827 S E PARKER DRIVE ARCADIA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dan Shelfer 4162 SE Co Rd 760 Arcadia FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRADY, FRED 505 E. MAPLE ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carolyn Shelfer 4162 SE Co Rd 760 Arcadia FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BATEMAN, ROWDY 6384 SE CO RD 780 ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D W. G. Welles 3779 SE Co Rd 760 Arcadia FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLINGSWORTH, TOM 4451 SE CO RD 760 ARCADIA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELLES, W.G. 3779 SE C.R. 760 ARCADIA, FL 34266 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chobee P. Bateman Chobee P. Bateman **03-26-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #