

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51262

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** JOSHUA CREEK CEMETERY PERPETUAL MAINTENANCE TRUST, INC.

**Current Principal Place of Business:**

7827 SE PARKER DRIVE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

7827 SE PARKER DRIVE  
ARCADIA, FL 34266 US

**New Mailing Address:**

**FEI Number:** 23-7181563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALDRON, EUGENE E JR.  
124 N. BREVARD AVE.  
ARCADIA, FL 34266 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: C ( ) Delete  
Name: AVANT, WILLIAM R.  
Address: 1336 S E HAY 31  
City-St-Zip: ARCADIA, FL

Title: S ( ) Delete  
Name: BATEMAN, CHOBEE P.  
Address: 7827 S E PARKER DRIVE  
City-St-Zip: ARCADIA, FL

Title: D ( ) Delete  
Name: GRADY, FRED  
Address: 505 E. MAPLE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: BATEMAN, ROWDY  
Address: 6384 SE CO RD 760  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: HOLLINGSWORTH, TOM  
Address: 4451 SE CO RD 760  
City-St-Zip: ARCADIA, FL

Title: D ( ) Delete  
Name: WELLES, W.G.  
Address: 3779 SE C.R. 760  
City-St-Zip: ARCADIA, FL 34266

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

Title: D (X) Change ( ) Addition  
Name: AVANT, WILLIAM R.  
Address: 1336 S E HAY 31  
City-St-Zip: ARCADIA, FL

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: C (X) Change ( ) Addition  
Name: HOLLINGSWORTH, TOM  
Address: 4451 SE CO RD 760  
City-St-Zip: ARCADIA, FL

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: TOM HOLLINGSWORTH

C

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date