2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N92000000486

Entity Name: HOUSTON COMMUNITY CEMETERY INC.

Current Principal Place of Business:

1608 N.E. DUVAL STREET
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

1608 N.E. DUVAL STREET
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-3148287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLEN, MARY E
9420 CITY RD 417
LIVE OAK, FL 32060 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:	S	( ) Delete
Name:	FORD, LONNIE	
Address:	9504 US 90	
City-St-Zip:	LIVEOAK, FL 32060	
Title:	S	( ) Delete
Name:	ALLEN-BEASLEY, MARY E	
Address:	9420 CTY RD 417	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	TR	( ) Delete
Name:	FORD, SHIRPLEY	
Address:	9622 93RD RD.	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	TR	( ) Delete
Name:	ELWOOD, PERRY	
Address:	10660 CR 417	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	T	( ) Delete
Name:	ROUNDTREE, RALPH	
Address:	7793 86TH ST	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	P	( ) Delete
Name:	COOK, THELMA D	
Address:	1608 NE.E. DUVAL STREET	
City-St-Zip:	LIVE OAK, FL 32060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	FORD, SHIRLEY	
Address:	9622 93RD RD.	
City-St-Zip:	LIVE OAK, FL 32060	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: MARY E. ALLEN-BEASLEY S 04/22/2009

Electronic Signature of Signing Officer or Director — Date