## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000462

FILED Jan 1<u>2, 200</u>5 Secretary of State

Entity Name: ST. AUGUSTINE CEMETERY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 505 N RODRIGUEZ STREET 505 N RODRIQUEZ STREET ST. AUGUSTINE, FL 32095 ST. AUGUSTINE, FL 32095 **Current Mailing Address: New Mailing Address:** 8761 PERIMETER PARK BOULEVARD 7865 SOUTHSIDE BLVD SUITE 106 JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32216 FEI Number: 59-0432160 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROOT, RICHARD D 8444 STABLES ROAD JACKSONVILLE, FL 32256 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DCTP () Delete () Change () Addition ROOT, RICHARD D. Name: Name: 8444 STABLES ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: BLAYLOCK, MARK C Name: BLAYLOCK, MARK C Address: 561 COUNTRY CLUB DRIVE Address: 2699 BLOSSOM TRAIL EAST City-St-Zip: STOCKBRIDGE, GA 30381 City-St-Zip: BLACKSBURG, VA 24060 Title: () Delete Title: (X) Change ( ) Addition CARTER, ELAINE E Name: CARTER, ELAINE J Name: 8019 ACORN RIDGE ROAD Address: 8016 JAMES ISLAND TRAIL Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD D. ROOT **PRES** 01/12/2005