2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N93000003744

Entity Name: EVERGREEN CEMETERY, INC.

Current Principal Place of Business:

1180 MERRITT STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

1180 MERRITT STREET
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3202709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITT, BERTHA M
1180 MERRITT STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

SMITH, BERTHA M
1180 MERRITT STREET
ALTAMONTE SPRINGS, FL 32701 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: BERTHA M. SMITH 01/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: WILLIAMS, ALTON
Address: 601 PLUM LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DT ( ) Delete
Name: SMITH, BERTHA M
Address: 1180 MERRITTE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD ( ) Delete
Name: SNEAD, CORA J
Address: 212 MARKER STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: JONES, ROY
Address: 172 OAK AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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: ALTON WILLIAMS DC 01/05/2009
Electronic Signature of Signing Officer or Director Date