2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001430

1. Entity Name DEDAN CEMETERY, INC.

FILED Jan 28, 2008 08:00 AM **Secretary of State**

Principal Place of Business

13883 SW CR 231

BROOKER, FL 32622

Mailing Address

13883 SW CR 231

BROOKER, FL 32622 US

DO NOT WRITE IN THIS SPACE

01252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2763126 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYAL, MARGARET 13883 SW CR 231 BROOKER, FL 32622

DO NOT WRITE IN THIS SPACE

the obligations of registered ag		ing its registered onice or registered agent, or both	, III (III 3(2(0 U) F		irillei wii i, ain	
SIGNATURE						
Signature, typed or printed	I name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		ar DATE		

The share correct earlier submits this statement for the surpose of changing its registered office or registered agent or both, in the State of Clouds. Low familiar with and a

Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

> U000000800375 01/31/08-80014-025 61.25

10. OFFICERS AND DIRECTORS TITLE NAME DOUGLAS, ERNEST M STREET ADDRESS 14736 SW CR 231 CITY-ST-ZIP **BROOKER, FL 32622** TITLE PΩ NAME MANN, TJ STREET ADDRESS 17833 CITY RD 18 CITY-ST-ZIP BROOKER, FL TITLE NAME KELLEY, JEROME STREET ADDRESS 15911 SW CTY RD 231 CITY-ST-ZIP BROOKER, FL TITLE MOTT, KENNETH NAME STREET ADDRESS 16823 SW CTY RD 231 -CITY-ST-ZIP BROOKER, FL 32622 TITLE NAME VELLENGA, MARILYN STREET ADDRESS 11240 SW 167 AVE CITY-ST-ZIP BROOKER, FL 32622 TITLE NAME DYAL, MARGARET 🛬 STREET ADDRESS 13883 SW CR 231 CITY-ST-ZIP BROOKER, FL 32622

DO NOT WRITE IN THIS SPACE

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.