

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001430

FILED
Feb 10, 2009
Secretary of State

Entity Name: DEDAN CEMETERY, INC.

Current Principal Place of Business:

13883 SW CR 231
BROOKER, FL 32622 US

New Principal Place of Business:

Current Mailing Address:

13883 SW CR 231
BROOKER, FL 32622 US

New Mailing Address:

FEI Number: 59-2763126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYAL, MARGARET
13883 SW CR 231
BROOKER, FL 32622 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: D () Delete
Name: DOUGLAS, ERNEST M
Address: 14736 SW CR 231
City-St-Zip: BROOKER, FL 32622

Title: PD () Delete
Name: MANN, T J
Address: 17833 CITY RD 18
City-St-Zip: BROOKER, FL

Title: VD () Delete
Name: KELLEY, JEROME
Address: 15911 SW CTY RD 231
City-St-Zip: BROOKER, FL

Title: D () Delete
Name: MOTT, KENNETH
Address: 16823 SW CTY RD 231
City-St-Zip: BROOKER, FL 32622

Title: D () Delete
Name: VELLENGA, MARILYN
Address: 11240 SW 167 AVE
City-St-Zip: BROOKER, FL 32622

Title: DST () Delete
Name: DYAL, MARGARET
Address: 13883 SW CR 231
City-St-Zip: BROOKER, FL 32622

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
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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: MARGARET DYAL

DST

02/10/2009

Electronic Signature of Signing Officer or Director

Date