2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N95000000088

Entity Name: SEVILLE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

CEMETERY RD & CHURCH ST
SEVILLE, FL 32190

New Principal Place of Business:

Current Mailing Address:

P O BOX 397
SEVILLE, FL 32190

New Mailing Address:

FEI Number: 59-1835942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REGISTER, JAMES W D
195 REGISTER LANE
BOX 397
SEVILLE, FL 32190 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: STD ( ) Delete
Name: EVERETT, LOUISE
Address: 160 LITTLE BROWN CHURCH RD, P.O.BOX 98
City-St-Zip: SEVILLE, FL 32190

Title: CD ( ) Delete
Name: CADE, JOHN P
Address: 2145 MCBRIDE ROAD (P.O. BOX 218)
City-St-Zip: SEVILLE, FL 32190

Title: D ( ) Delete
Name: REGISTER, JAMES W JR
Address: 195 REGISTER LANE (P.O. BOX 397)
City-St-Zip: SEVILLE, FL 32190

Title: D ( ) Delete
Name: BRADDOCK, NORMA
Address: 446 COUNTRY ROAD 305
City-St-Zip: SEVILLE, FL 32190

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: JAMES W REGISTER JR D 02/02/2009
Electronic Signature of Signing Officer or Director — Date