

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003438

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: SAMFORD CEMETERY ASSOCIATION INC.

**Current Principal Place of Business:**

5411 RUTH MORRIS ROAD  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 921  
WIMAUMA, FL 33598 US

**New Mailing Address:**

FEI Number: 59-3343642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUNTING, SUSAN M  
5411 RUTH MORRIS ROAD  
WIMAUMA, FL 33598 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: PT ( ) Delete  
Name: BUNTING, SUSAN M  
Address: 5411 RUTH MORRIS ROAD  
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Delete  
Name: WILLIAMS, DEIREE  
Address: 5411 RUTH MORRIS ROAD  
City-St-Zip: WIMAUMA, FL 33598

Title: VP ( ) Delete  
Name: LAYTON, EDITH  
Address: 5025 WEST TOUCHTONE ROAD  
City-St-Zip: DOVER, FL

Title: D (X) Delete  
Name: FELLION, JENNIFER  
Address: 5411 RUTH MORRIS ROAD  
City-St-Zip: WIMAUMA, FL 33598

Title: S ( ) Delete  
Name: GIMBEL, TONYA  
Address: 12304 YELLOW ROSE CIR  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: GEYER, JODIE  
Address: 16606 CARLION LAKE RD  
City-St-Zip: LITHIA, FL

**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:

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: SUSAN M. BUNTING

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date