

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004938

FILED
Jan 21, 2009
Secretary of State

Entity Name: CRESCENT CITY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

402 CYPRESS AVENUE
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

PO BOX 968
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-2336300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNETH, BIGGS
402 CYPRESS AVENUE
CRESCENT CITY, FL 32112 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: PD () Delete
Name: GAUTIER, GREG C
Address: 600 CHERRY ST
City-St-Zip: CRESCENT CITY, FL 32112

Title: SD () Delete
Name: NELSON, MARGARY N
Address: P.O. BOX 352 N/A
City-St-Zip: CRESCENT CITY, FL 32112

Title: TD () Delete
Name: NEWBOLD, JOHN R III
Address: 610 OLD HWY 17
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: LANGSTON, CECILE
Address: PO BOX 407
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: FRANK, CLAYTON A
Address: PO BOX 674
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: GAUTIER, JENNIFER M
Address: P O BOX 67 N/A
City-St-Zip: CRESCENT CITY, 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
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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: JOHN R. NEWBOLD III

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date