

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006536



1. Entity Name
WOODLAWN CEMETERY, INC.

Principal Place of Business
**1/4 OF MILE SOUTH OF I-10
MACCLENNY, FL 32063**

Mailing Address
**PO BOX 1173
MACCLENNY, FL 32063 US**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0739796

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KNABB, TODD
7436 WOODLAWN ROAD
MACCLENNY, FL 32063**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000937719
05/27/08-80061-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KNABB, TODD
7436 WOODLAWN ROAD
MACCLENNY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GERSON, ANITA G
152 SOUTH COLLEGE STRET
MACCLENNY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KNABB, LISA
7436 WOODLAWN ROAD
MACCLENNY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BAILES, ANDY
P.O. BOX 99
GLEN ST. MARY, FL 32040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd L. Knabb
Todd L. Knabb

4/25/08
504-838-2366
Daytime Phone #