



FILED
Feb 18, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # N98000001438 1. Entity Name BUTLER CEMETERY ASSOCIATION, INC.				Secretary of State 02-18-2008 90002 032 ****61.25	
Principal Place of Business BUTLER CEMETERY RD. HORSESHOE BEACH FL 32648		Mailing Address P.O. BOX 1 HORSESHOE BEACH FL 32648			
2. Principal Place of Business - No P.O. Box # 542 SW 659 Ave		3. Mailing Address PO Box 1		1st MOORE CR2E037 (10/07)	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---		4. FEI Number NO-T APPLICABLE	
City & State Horseshoe Bch FLA		City & State Horseshoe Bch, FL		Applied For Not Applicable	
Zip 32648		Country Dixie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, EVONNE V BUTLER CEMETERY ROAD HORSESHOE BEACH FL 32648				7. Name and Address of New Registered Agent Name --- Street Address (P.O. Box Number is Not Acceptable) --- City FL Zip Code ---	
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 _____ <small>Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PT VALENTINE, STEVE RT. 1 BOX 157 HWY 351 HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VCT BUTLER, C.A. RT. 1 BOX 144 HWY. 351 HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP J POLK, MARION RT. 1 HWY 351 HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 