

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005581

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE JOHN CONNER GRAHAM CEMETERY, INC.

Current Principal Place of Business:

4521 N.E. 112TH AVENUE
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

4521 N.E. 112TH AVENUE
SILVER SPRINGS, FL 34488

New Mailing Address:

FEI Number: 59-3545749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, CAROLINE W
4521 N.E. 112TH AVENUE
SILVER SPRINGS, FL 34488 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: FARMER, CAROLINE W
Address: 4521 N.E. 112TH AVENUE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VPD () Delete
Name: HOPKINS, TERRY G
Address: 4600 N.E. 112TH AVENUE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: STD () Delete
Name: JONES, FRANCES M
Address: POST OFFICE BOX 215 N/A
City-St-Zip: SILVER SPRINGS, FL 34489

Title: D () Delete
Name: GANNETT, PATRICIA
Address: 4749 N.E. 112TH AVENUE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: MARSEE, PATRICIA
Address: POST OFFICE BOX 2109 N/A
City-St-Zip: SILVER SPRINGS, FL 34489

Title: D () Delete
Name: MCCREARY, ELAINE
Address: POST OFFICE BOX 1328
City-St-Zip: BUNNELL, FL 32110

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: D (X) Change () Addition
Name: GANNETT, PATRICIA
Address: 1801 SE 24TH ROAD APT 114
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: MARSEE, PATRICIA
Address: POST OFFICE BOX 907 N/A
City-St-Zip: SPARR, FL 32192

Title: D (X) Change () Addition
Name: MCCREARY, ELAINE
Address: 2955A WOODRICH DR
City-St-Zip: TALLAHASSEE, FL 32301

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: ELAINE W. MCCREARY

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date