2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N99000000431

Entity Name: LEESBURG CEMETERIES, INC.

Current Principal Place of Business:

306 THOMAS AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 490804
LEESBURG, FL 347490804

New Mailing Address:

FEI Number: 59-0652249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODGE, MARY L
22562 W. LOOP ROAD
GROVELAND, FL 34736 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: DODGE, MARY L
Address: P.O. BOX 526
City-St-Zip: OKAHUMPKA, FL 347620526

Title: ST ( ) Delete
Name: WHITE, LUCIA G
Address: 117 W STERLING WAY
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: MEREDITH, KIRSTE M
Address: 803 E DIXIE
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: FAHS, GLORIANNE
Address: 1307 S. EIGHTH ST.
City-St-Zip: LEESBURG, FL 34748

Title: VD ( ) Delete
Name: DORRIS, GORDON
Address: 2609 W COLONIAL ST
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: FRANK, STIVENDER
Address: P O BOX 34749-0152
City-St-Zip: LEESBURG, FL 34749

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: MARY L DODGE PRES 03/18/2009

Electronic Signature of Signing Officer or Director — Date