

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000768

FILED
Oct 10, 2005
Secretary of State

Entity Name: WHITE CITY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

3800 SUNRISE BLVD.
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

3800 SUNRISE BLVD.
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-2753972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, LAWRENCE E
3800 SUNRISE BLVD.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

MALONE, NANCY N
3800 SUNRISE BLVD.
FORT PIERCE, FL 34982 US

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: NANCY N. MALONE

10/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACK, RODNEY
Address: 11900 TWIN CREEKS DR.
City-St-Zip: FORT PIERCE, FL 34945

Title: VP () Delete
Name: KEEN, BEVERLY
Address: 2020 COLONIAL RD E-3
City-St-Zip: FT. PIERCE, FL 34980

Title: T () Delete
Name: CENTER, PATRICIA J
Address: 1327-A PEPPERTREE TRAIL
City-St-Zip: FORT PIERCE, FL 34950

Title: S () Delete
Name: THOMPSON, JOHN
Address: 512 GARDENIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: LASZEWICKI, EDWARD
Address: 477 ASBURY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Delete
Name: KONOW, CHRIS
Address: 201 HURON WAY
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURCHFIELD, ED
Address: 924C SAVANNAS POINT DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LAUGHTON, MARY E
Address: 1811 44TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: S (X) Change () Addition
Name: KONOW, CHRIS
Address: 201 HURON WAY
City-St-Zip: FORT PIERCE, FL 34946

Title: D (X) Change () Addition
Name: JOHN, RONALD
Address: 4420 SW GAGNON ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEVERLY KEEN

VP

10/10/2005

Electronic Signature of Signing Officer or Director

Date