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Secretary of State
04-16-2007 90053 028 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000768

1. Entity Name
WHITE CITY CEMETERY ASSOCIATION, INC.

40061497

Principal Place of Business	Mailing Address
3800 SUNRISE BLVD. FORT PIERCE, FL 34982	3800 SUNRISE BLVD. FORT PIERCE, FL 34982

04112007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2753972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'FARRELL, CAROL 1321 PEPPERTREE TR APT B FORT PIERCE, FL 34950	Name: CAROL O'FARRELL Street Address (P.O. Box Number is Not Acceptable): 3800 SUNRISE BLVD. City: FT. PIERCE, FL FL Zip Code 34982

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: Carol O'Farrell 4-11-07
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, 2007.

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOLINIA, JOANN 802 FLORIDA AVE FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARLENE GOODMAN 4410 ARECA PALM DR. FT. PIERCE, FL 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEEN, BEVERLY 2020 COLONIAL RD E-3 FT. PIERCE, FL 34980	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARBARA E. BUSH 247 MANOR DR. STUART, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAUGHTON, MARY E 1811 44TH AVENUE VERO BEACH, FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BETTY OWENS 1012 NEBRASKA AVE. FT. PIERCE, FL 34950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KONOW, CHRIS 201 HURON WAY FORT PIERCE, FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAN NELSON 4895 OLEANDER AVE. FT. PIERCE, FL 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN, RONALD 4420 SW GAGNON ROAD PORT SAINT LUCIE, FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN HUNT 1008 W. 2nd ST. FT. PIERCE, FL 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Mary E Laughton 4-11-07 772-465-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #