

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000768

FILED
Feb 09, 2009
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 ()

Name and Address of Current Registered Agent:

LAUGHTON, MARY
3800 SUNRISE BLVD.
FORT PIERCE, FL 34982 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: S () Delete
Name: GOODMAN, ARLENE
Address: 4410 AREA PALM DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: BUSH, BARBARA E
Address: 247 MANOR DRIVE
City-St-Zip: STUART, FL 34974

Title: P () Delete
Name: LAUGHTON, MARY E
Address: 1811 44TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: OWENSS, BETTY
Address: 1012 NEBRASKA AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: NELSON, DAN
Address: 4875 OLEANDER AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: HUNT, JOHN
Address: 1008 WEST 2ND STREET
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BUSH, BARBARA E
Address: 247 MANOR DRIVE
City-St-Zip: STUART, FL 34994

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

Title: D (X) Change () Addition
Name: OWENS, BETTY
Address: 1012 NEBRASKA AVE.
City-St-Zip: FORT PIERCE, FL 34950

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

Title: VP (X) Change () Addition
Name: EDWARDS, ALAN
Address: 5102 INDIAN BEND LANE
City-St-Zip: FORT PIERCE, FL 34951

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 LAUGHTON

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date