

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001632

FILED
Apr 29, 2009
Secretary of State

Entity Name: J. S. STONE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

475 PORT MALABAR BLVD, NE
PALM BAY, FL 329053711

New Principal Place of Business:

475 PORT MALABAR BLVD, NE
PALM BAY, FL 329053711 US

Current Mailing Address:

475 PORT MALABAR BLVD, NE
PALM BAY, FL 329053711

New Mailing Address:

475 PORT MALABAR BLVD, NE
PALM BAY, FL 329053711 US

FEI Number: 59-3305227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, SHARON E
475 PORT MALABAR BLVD, NE
PALM BAY, FL 329053711 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: ST () Delete
Name: LUCAS, SHARON E
Address: 475 PT. MALABAR BVD NE
City-St-Zip: PALM BAY, FL 329053711

Title: PD () Delete
Name: LUCAS, EUGENE JR.
Address: 475 PT. MALABAR BLVD NE
City-St-Zip: PALM BAY, FL 329053711

Title: VMT () Delete
Name: SPIVEY, WILLIS L
Address: 5100 THURINGER NW
City-St-Zip: PALM BAY, FL 32907

Title: A () Delete
Name: STONE, JANORISE
Address: 632 VARR AVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: LUCAS, SHARON E
Address: 475 PT. MALABAR BVD NE
City-St-Zip: PALM BAY, FL 329053711 US

Title: PD (X) Change () Addition
Name: LUCAS, EUGENE JR.
Address: 475 PT. MALABAR BLVD NE
City-St-Zip: PALM BAY, FL 329053711 US

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

Title: A (X) Change () Addition
Name: STONE, JANORISE
Address: 516 KING STREET
City-St-Zip: COCOA, FL 32922 US

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: SHARON E. LUCAS

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date