

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003538

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** THE GRANT STREET COMMUNITY CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

2699 GRANT STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2308  
MELBOURNE, FL 32902

**New Mailing Address:**

**FEI Number:** 59-3586595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINMAN, JIM  
1825 RIVERVIEW DRIVE  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

BUGGS, BRUCE D  
2701 S. HARBOR CITY BLVD.  
MELBOURNE, FL 32901 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: BRUCE D. BUGGS

04/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUGGS, BRUCE D  
Address: 2701 S. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: BUGGS, ALISHA  
Address: 2701 S. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: PHILLIPS, JAMES  
Address: 3222 PECAN ST  
City-St-Zip: MELBOURNE, FL 32901

**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:

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: BRUCE D. BUGGS

DIR

04/08/2008

Electronic Signature of Signing Officer or Director

Date