


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007544

1. Entity Name
CEDARS OF LEBANON CEMETERY, INC.



Principal Place of Business S.E. 55 COURT INGLIS, FL 34449	Mailing Address POST OFFICE BOX 441 INGLIS, FL 34449
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3637930	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOWLER, ELDRIDGE
 S.E. 55 COURT
 INGLIS, FL 34449**

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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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, ELDRIDGE POST OFFICE BOX 441 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, LLOYD L JR POB 1128 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHRER, CECILLE POB 785 INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, MARY 190 HUDSON STREET INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, EARL 19451 S.E. BUTLER ROAD INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/07-80075-019 70.00

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: *Eldridge J. Fowler* **3/23/07** **352-447-2769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #