

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# N99000007544

Entity Name: CEDARS OF LEBANON CEMETERY, INC.

Current Principal Place of Business:

S.E. 55 COURT
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 441
INGLIS, FL 34449

New Mailing Address:

FEI Number: 59-3637930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER, ELDRIDGE
S.E. 55 COURT
INGLIS, FL 34449 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: D () Delete
Name: FOWLER, ELDRIDGE
Address: POST OFFICE BOX 441
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: MOORE, LLOYD L JR
Address: POB 1128
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: ROHRER, CECILLE
Address: POB 785
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: HUDSON, MARY
Address: 190 HUDSON STREET
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: STEPHENS, EARL
Address: 19451 S.E. BUTLER ROAD
City-St-Zip: INGLIS, FL 34449

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:

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: ELDRIDGE L. FOWLER

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date