

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 23, 2009  
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

D

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date