

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006219

Entity Name: LAUREL GROVE CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**15340 NE 147TH AVE
WALDO, FL 32694**Current Mailing Address:**PO BOX 130
WALDO, FL 32694**FEI Number: 14-2008669****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DONALDSON, FRED
14058 NE 138TH STREET
WALDO, FL 32694 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DONALDSON, FRED S
Address	14058 NE 138 ST
City-State-Zip:	WALDO FL 32694

Title	VPD
Name	SCHENCK, DONALD
Address	11906 NE HWY 301
City-State-Zip:	WALDO FL 32694

Title	D
Name	DYSON, RUSS
Address	4922 NE 77TH AVE
City-State-Zip:	GAINESVILLE FL 32607

Title	S/T
Name	DONALDSON, JUDY S
Address	14058 NE 138 ST
City-State-Zip:	WALDO FL 32694

Title	D
Name	GANSTINE, JACK
Address	6512 WOODLAND DR
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	D
Name	DUBOIS, JAMES J
Address	14946 NE 143RD TERRACE
City-State-Zip:	WALDO FL 32694

I hereby 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 all other like empowered.

SIGNATURE: FRED DONALDSON**PRESIDENT****03/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date