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: HOYALENE P. THOMAS

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: FT. MCCOY CEMETERY ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

11780 NE 142ND PLACE FT.MCCOY, FL 32134

DOCUMENT# 716715

Current Mailing Address:

P.O.BOX 97 FT. MCCOY. FL 32134 US

FEI Number: 59-3029762

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

THOMAS, HOYALENE P. 11780 NE 142ND PLACE FT MCCOY, FL 32134 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:

Officer/Director Detail : Title DST Title D THOMAS, HOYALENE P. Name WELLS, DANIEL JJR Name 11780 NE 142ND PLACE Address 16701 NE 148TH TERR RD Address City-State-Zip: FT MCCOY FL 32134 City-State-Zip: FT MCCOY FL 32134 Title PD Name HALL, HARMON Address 1500 NE 59TH ST City-State-Zip: OCALA FL 34479

Certificate of Status Desired: No

02/03/2017 Date

Date

DST