

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717358

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** SOUTHPORT MEMORIAL GARDENS, INCORPORATED

**Current Principal Place of Business:**

WEST END OF FIFTH STREET  
WEST END OF 5TH STREET  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTHPORT MEMORIAL GARDENS  
PO BOX 8052  
SOUTHPORT, FL 32409 US

**New Mailing Address:**

**FEI Number:** 37-1581185      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KELLY, L J  
1117 4TH CIRCLE  
SOUTHPORT, FL 32409 US

**Name and Address of New Registered Agent:**

YOUNGBLOOD, BOBBY  
1528 2ND STREET  
SOUTHPORT, FL 32409 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: BOBBY YOUNGBLOOD

05/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KYSER, J.T.  
Address: 7600 NORTH GAINER ROAD  
City-St-Zip: SOUTHPORT, FL 32409

Title: D  
Name: KELLY, L J  
Address: 1117 4TH CIRCLE  
City-St-Zip: SOUTHPORT, FL 32409

Title: ST  
Name: YOUNGBLOOD, BOBBY  
Address: 1528 2ND STREET  
City-St-Zip: SOUTHPORT, FL 32409

Title: D  
Name: NEWELL, JESSIE  
Address: BOX 2337  
City-St-Zip: SOUTHPORT, FL 32409

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: BOBBY YOUNGBLOOD

TR

05/03/2010

Electronic Signature of Signing Officer or Director

Date