

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760094

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** WELLBORN CEMETERY, INC.

**Current Principal Place of Business:**

4394 LOWE LAKE RD.  
WELLBORN, FL 32094

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 174  
WELLBORN, FL 32094

**New Mailing Address:**

**FEI Number:** 59-2153963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLERAN, EDDIE JOE  
4394 LOWE LAKE RD.  
WELLBORN, FL 32094 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: PD  
Name: MIZELL, RUTH M  
Address: 4394 LOWE LAKE RD  
City-St-Zip: WELLBORN, FL 32094

Title: STD  
Name: MCLERAN, EDDIE JOE  
Address: 4394 LOWE LAKE RD.  
City-St-Zip: WELLBORN, FL 32094

Title: VD  
Name: SKINNER, GEORGE A  
Address: 343 SW HUDSON LANE  
City-St-Zip: LAKE CITY, FL 32025

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: EDDIE JOE MCLERAN

STD

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date