# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 25, 2011**
**Secretary of State**

DOCUMENT# N02000008906

**Entity Name:** HANCOCK FAMILY CEMETERY, INC.

**Current Principal Place of Business:**

801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841

**New Mailing Address:**

**FEI Number: 55-0809227** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHIRLEY, JUNE
801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841 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: P
Name: JUNE, SHIRLEY
Address: 801 S. HOUSTON AVE
City-St-Zip: FORT MEADE, FL 33841

Title: V
Name: HANCOCK, JIM
Address: 319 CENTRAL AVE.
City-St-Zip: FROSTPROOF, FL 33843

Title: T
Name: ACUFF, JOYCE
Address: 620 POLK AVE
City-St-Zip: FORT MEADE, FL 33841

Title: S
Name: DUVA, SUSAN
Address: 11306 LOCH LOMOND DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D
Name: ABERNATHY, SANDRA
Address: 3325 CR 664
City-St-Zip: BOWLING GREEN, FL 33834

Title: D
Name: HANCOCK, RONNIE
Address: 355 CARLTON ROAD
City-St-Zip: HOMELAND, FL 338420523

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: JUNE P. SHIRLEY P 05/25/2011

Electronic Signature of Signing Officer or Director — Date