2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004970

FILED May 15, 2009 Secretary of State

Entity Name: WEST ELFERS CEMETERY PRESERVATION ASSOC, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
5634 GRE` NEW POR	YST TRICHEY, FL 34652 US	3721 U.S. 19 NEW PORT RICHEY, FL 34652 US
Current M	ailing Address:	New Mailing Address:
POB 2036 ELFERS, F	FL 34680 US	
In accordanc	26-0309412 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not rec Address of Current Registered Agent:	El Number Not Applicable() Certificate of Status Desired (X) eive the prior notice. Name and Address of New Registered Agent:
5634 GRE	ATTHEW D Y ST IT RICHEY, FL 34652 US	
	named entity submits this statement for the purpo e of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete CANNON, JEFFREY D 9130 MAGNOLIA ST HUDSON, FL 34669 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete HANCOCK, JOHN 5273 COLCHESTER AVE SPRING HILL, FL 34608 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	TRES () Delete MATNEY, MATTHEW D 5634 GREY ST	Title: TRES (X) Change () Addition Name: MATEY, MATTHEW D Address: 5634 GREY ST City St 7 in: NEW DORT BICKEY, EL 24653 EL
City-St-Zip:	NEW PORT RICHEY, FL 34652 FL	City-St-Zip: NEW PORT RICHEY, FL 34652 FL
Title: Name: Address: City-St-Zip:	TRES () Delete GAUSE, GARY D 4213 BARKER ST ELFERS, FL 34680 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SEC () Delete SCHOENECK, MARY A 4128 ANDOVER ST NEW PORT RICHEY, FL 34653	Title: SEC (X) Change () Addition Name: POSNER, DANIELLE B Address: 5634 GREY ST City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY D. CANNON PRES 05/15/2009