2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# N09000000572

Entity Name: WEST SOPCHOPPY CEMETERY CORPORATION

Current Principal Place of Business:

10 FAITH AVE
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 59-3146644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YATES, HARRY R
6 NATURAL SPRINGS LANE
SOPCHOPPY, FL 32358 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: D
Name: HARDEN, WARREN C
Address: P.O. BOX 114
City-St-Zip: SOPCHOPPY, FL 32358

Title: D
Name: STRICKLAND, BO
Address: P.O. BOX 427
City-St-Zip: SOPCHOPPY, FL 32258

Title: D
Name: YATES, RANDY
Address: 6 NATURAL SPRINGS LANE
City-St-Zip: SOPCHOPPY, FL 32358

Title: D
Name: WELCH, JASON
Address: 8 CAROLINA CT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: FAUGHNAN, GLORIA
Address: P.O. BOX 37
City-St-Zip: SOPCHOPPY, FL 32358

Title: D
Name: MASON, MIKE
Address: P.O. BOX 576
City-St-Zip: SOPCHOPPY, FL 32358

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: GLORIA W. FAUGHNAN MEMB 02/11/2011

Electronic Signature of Signing Officer or Director — Date