

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22051

FILED
Apr 23, 2012
Secretary of State

Entity Name: SAPP CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

24132 NE STATE ROAD 16
RAIFORD, FL 32083 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 242
RAIFORD, FL 32083 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRSH, SHERI M
24132 NE STATE ROAD 16
RAIFORD, FL 32083 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: THOMAS, JANET L
Address: 12473 N E CR 793
City-St-Zip: RAIFORD, FL 32083 US

Title: D
Name: SAPP, DICK
Address: 12514 NE 237TH PL
City-St-Zip: RAIFORD, FL 32083 US

Title: D
Name: NORMAN, JOE
Address: P.O. BOX 641
City-St-Zip: RAIFORD, FL 32083 US

Title: D
Name: DAVIS, DAN
Address: 12746 NE 233RD LANE
City-St-Zip: RAIFORD, FL 32083 US

Title: D
Name: GRIFFIS, ALVIN
Address: 11207 NE CR 793
City-St-Zip: RAIFORD, FL 32083 US

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: JOE NORMAN

ADMIN

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date