

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2009
Secretary of State**

DOCUMENT# N94000006056

Entity Name: WESTVIEW COMMUNITY CEMETERY OF POMPANO BEACH, FL., INC.

Current Principal Place of Business:

428 N.W. 6TH AVENUE
POMPANO BEACH, FL 33061

New Principal Place of Business:

428 N.W. 6TH AVENUE
POMPANO BEACH, FL 33060

Current Mailing Address:

428 NW 6TH AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-1033928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNTER, WALTER
1950 NW 27TH AVE
POMPANO BEACH, FL 33069 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: PT () Delete
Name: GAY, DERRICK C
Address: 697 NW 202 CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: CT () Delete
Name: HUNTER, WALTER
Address: 1250 NW 27TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TT () Delete
Name: DERICO, EVANDER
Address: 5310 NE 9 TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPTS () Delete
Name: SIMON, TANGE
Address: 628 NW 17TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EVANDER DERICO JR

TREA

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date