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.

PD

SIGNATURE: WILLIAM T. LONG

Electronic Signature of Signing Officer/Director Detail

The above named e

SIGNATURE:

Officer/Direct Title Name Address City-State-Zip: ENTERPRISE FL 32725 City-State-Zip: DEBARY FL 32713 Title SD HARDIN, WISE J Name 107 DOLORES DRIVE Address City-State-Zip: ALTAMONTE SPRINGS FL 32707

DOCUMENT# N11000002762

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ENTERPRISE EVERGREEN CEMETERY, INC.

Current Principal Place of Business:

145 S. HWY 17-92 DEBARY, FL 32713

Current Mailing Address:

145 S. HWY 17-92 DEBARY, FL 32713

FEI Number: 59-1707634

Name and Address of Current Registered Agent:

LONG, WILLIAM T 145 S HWY 17-92 DEBARY, FL 32

92 2713 US		
entity submits this statement for the purpose of changing its r	egistered office or regi	stered agent, or both, in the State of Florida.
:		
Electronic Signature of Registered Agent		
ctor Detail :		
PD	Title	TD
LONG, WILLIAM	Name	BRUCE, CATHERINE E
145 S HWY 17-92	Address	190 CLARK STREET

FILED Feb 03, 2015 Secretary of State CC2065909892

Certificate of Status Desired: No

02/03/2015 Date

Date