

1.) CORPORATION NAME: BRIERY CHURCH CEMETERY ASSOCIATION, INC.	DUE DATE: 5/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: W BERRY LYLE 6323 CRAB ORCHARD ROAD KEYSVILLE, VA	SCC ID NO: 00903229
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTE COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6323 CRAB ORCHARD RD
CITY/ST/ZIP: KEYSVILLE, VA 23947

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: E. AVERETT JONES	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 2505 HORSE SHOE BEND RD				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: W BERRY LYLE JR	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 6323 CRAB ORCHARD ROAD				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: MARY J HOWARD	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: PO BOX 501				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: ELIZABETH M M PEADEN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: PO BOX 63				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARY J HOWARD	MARY J HOWARD, SECRETARY	5/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.