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FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716715 (8)

1. Corporation Name

FT. MCCOY CEMETERY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11780 NE 142ND PLACE  
P.O. BOX 97  
FT. MCCOY FL 3213411780 NE 142ND PLACE  
P.O. BOX 97  
FT. MCCOY FL 32134-00973. Date Incorporated or Qualified  
06/11/19693a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3029762Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, HOYALENE P.  
11780 NE 142ND PLACE  
FT MCCOY FL 32134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME KUNZ, ADOLF  
STREET ADDRESS 10850 NE HWY 315  
CITY-ST-ZIP FT MCCOY FLTITLE DST ☐ DELETENAME THOMAS, HOYALENE P.  
STREET ADDRESS 11780 NE 142ND PLACE  
CITY-ST-ZIP FT MCCOY FLTITLE D ☒ DELETENAME HASTINGS, ANGUS S  
STREET ADDRESS RT 4 BOX 3900  
CITY-ST-ZIP CITRA FLTITLE D ☒ DELETENAME HOGAN, ROBIN  
STREET ADDRESS 14700 NE 110TH AVE., RD.  
CITY-ST-ZIP FT MCCOY FLTITLE O ☐ DELETENAME HALL, HARMON  
STREET ADDRESS 1500 NE 59TH ST  
CITY-ST-ZIP Ocala FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HOYALENE P. THOMAS, DIST  
Hoyalene P. Thomas, Dist4/27/97 (352) 236-2790  
Date Daytime Phone 8002764

CR2E037 (9/96)