

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722468 (6)
1. Corporation Name
MEMORIAL SOCIETY OF ALACHUA COUNTY, INC.



Principal Place of Business 3426 SW 75TH ST GAINESVILLE FL 32607 US	Mailing Address 3426 SW 75TH ST GAINESVILLE FL 32607 US
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3. Date Incorporated or Qualified 01/18/1972	
4. FEI Number 23-7165333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**TARJAN, ARMEN CHARLES
3426 SW 75TH ST
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGHAM, JERRY	1.2 NAME	Julia Kroll
STREET ADDRESS	P.O. BOX 13145 N/A	1.3 STREET ADDRESS	1806 SW 35TH PL
CITY-ST-ZIP	GAINESVILLE FL 32604	1.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHINES, GENEVIEVE D	2.2 NAME	
STREET ADDRESS	324 NW 48TH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPEEK, LESTER	3.2 NAME	
STREET ADDRESS	1318 NE 20TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARJAN, ARMEN CHARLES	4.2 NAME	
STREET ADDRESS	3426 SW 75TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDEILHAC, JULIE	5.2 NAME	
STREET ADDRESS	3905 S.W. 3RD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CECIL N	6.2 NAME	
STREET ADDRESS	1833 NW 14TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	6.4 CITY-ST-ZIP	

14. I 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: *Armen Charles Tarjan*

CP2E037 (10/97)