

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90051 024 *****61.25



NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722468

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/18/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7165333	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TARJAN, ARMEN CHARLES 3426 SW 75TH ST GAINESVILLE FL 32607				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, JULIA	1.2 NAME	
STREET ADDRESS	1806 SW 35TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
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	1633 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, with all other like empowered.

SIGNATURE: _____ DATE: 1-10-99 DAYTIME PHONE #: 352-377-7403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)