

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02427 (5)**

1. Corporation Name  
**SALUDA CEMETERY ASSOCIATON, INC.**



Principal Place of Business: **RT 2 BOX 85-E HAWTHORNE FL 32640**  
Mailing Address: **RT 2 BOX 85-E HAWTHORNE FL 32640**

3. Date Incorporated or Qualified: **04/09/1984**  
3a. Date of Last Report: **02/28/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2719633</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
						<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30			

**9. Name and Address of Current Registered Agent**

**DAVIS, ALIC S. MR.  
RT. 2, BOX 85-E(HWY. 301 ORANGE HEIGHTS)  
HAWTHORNE FL 32640**

**10. Name and Address of New Registered Agent**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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	PD DAVIS, ALIC RT 2, BOX 85-E HAWTHORNE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST DAVIS, JUDY RT 2, BOX 85-E HAWTHORNE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TILLIS, BRINCE STAR ROUTE EARLETON FL	3.1 TITLE	D Tillis, Brince
NAME		3.2 NAME	P.O. Box 566
STREET ADDRESS		3.3 STREET ADDRESS	Earlton, FL 32631
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DOUGHERTY, PAUL ROUTE 2 HAWTHORNE FL	4.1 TITLE	D Dougherty, Paul
NAME		4.2 NAME	740 SW Jasmine Ave.
STREET ADDRESS		4.3 STREET ADDRESS	Keystone Heights, FL 32656
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TILLMAN, FRANKIE 2016 NW 7TH PLACE GAINESVILLE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

*Alic S. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/96

Daytime Phone #

352-412-2799

CR2E037 (12/95)