

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N02427 (5)

1. Corporation Name
SALUDA CEMETERY ASSOCIATION, 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

4. FEI Number
59-2719633

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 7421 NE US Hwy 301	26 Suite, Apt. #, etc. 7421 NE US Hwy 301
22 City & State Hawthorne, FL	27 City & State Hawthorne, FL
23 Zip 32640-9802	28 Zip 32640-9802
24 Country Alachua	30 Country Alachua

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 617.1509, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ALIC	1.2 NAME	Varborough, Joey
STREET ADDRESS	RT 2, BOX 85-E*	1.3 STREET ADDRESS	Rt. 2, Box 111-C N/A
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	Hawthorne, FL 32640
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JUDY**	2.2 NAME	Davis, Alic * Address Change only
STREET ADDRESS	RT 2, BOX 85-E	2.3 STREET ADDRESS	7421 NE US Hwy 301
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	Hawthorne, FL 32640-9802
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLIS, BRINCE	3.2 NAME	Davis, Judy ** Address Change only
STREET ADDRESS	P.O. BOX 588 N/A	3.3 STREET ADDRESS	7421 NE US Hwy 301
CITY-ST-ZIP	EARLTON FL	3.4 CITY-ST-ZIP	Hawthorne, FL 32640-9802
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DOUGHERTY, PAUL	4.2 NAME	
STREET ADDRESS	740 SW JASMINE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHT FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	KITE, JR MURPHY	5.2 NAME	
STREET ADDRESS	RT 2 BOX 126 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Alic S. Davis* **Alic S. Davis** 2/11/98 352-468-2799

CR2E037 (1097)