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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N02427**

1. Corporation Name

SALUDA CEMETERY ASSOCIATION, INC.

Principal Place of Business

7421 NE US HWY 301
 HAWTHORNE FL 32640
 US

Mailing Address

7421 NE US HWY 301
 HAWTHORNE FL 32640
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/09/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2719633

Applied For
 Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DELETE
 NAME **PD DAVIS, ALIC**
 STREET ADDRESS **7421 NE US HWY 301**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

1.1 TITLE Change Addition
 1.2 NAME *** Please correct address in block #9. { 7421 NE US Hwy 301**
 1.3 STREET ADDRESS **Hawthorne, FL 32640**
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **ST DAVIS, JUDY**
 STREET ADDRESS **7421 NE US HWY 301**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D TILLIS, BRINCE**
 STREET ADDRESS **P.O. BOX 566 N/A**
 CITY-ST-ZIP **EARLTON FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D DOUGHERTY, PAUL**
 STREET ADDRESS **740 SW JASMINE AVENUE**
 CITY-ST-ZIP **KEYSTONE HEIGHT FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D YARBOROUGH, JOEY**
 STREET ADDRESS **RT 2 BOX 111-C N/A**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

5.1 TITLE Change Addition
 5.2 NAME **Yarborough, Joey**
 5.3 STREET ADDRESS **17426 NE 77th Lane**
 5.4 CITY-ST-ZIP **Hawthorne, FL 32640**
 address change only

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: *[Signature]* **SIGNATURE REQUIRED** **S. Davis**

2/7/99 352-468-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)