FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:32

DOCUMENT # N10930 (8)

1. Corporation Name
WEBSTER CEMETERY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
209 S. MKT. BLVD. P.O. BOX 933 WEBSTER FL 33597-7933	209 S. MKT. BLVD. P.O. BOX 933 WEBSTER FL 33597-7933

3. Date Incorporated or Qualified: 08/30/1985
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1692170 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

DOBSON, SHIRLEY
10898 S. HWY. 471
WEBSTER FL 33597

10. Name and Address of New Registered Agent

81 Name: Shirley Dobson
82 Street Address (P.O. Box Number is Not Acceptable): 10898 S Hwy 471
83
84 City: Webster FL 85 Zip Code: 33597

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Shirley Dobson — 3-7-95
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	11 TITLE	☐ Change ☐ Addition
NAME	DOBSON, SHIRLEY	12 NAME	
STREET ADDRESS	10898 S. HWY, 471	13 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DOBSON, HAROLD	22 NAME	
STREET ADDRESS	10898 S. HWY, 471	23 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, HELEN	32 NAME	
STREET ADDRESS	PO BOX 162,209 S.MARKET	33 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, MARTHA	42 NAME	
STREET ADDRESS	11418 CR 753	43 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PITTS, BOBBY	52 NAME	
STREET ADDRESS	PO BOX 213 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MURPHY, FRANK	62 NAME	
STREET ADDRESS	PO BOX 153 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	64 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)(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: Helen Tompkins — 3-7-95 — 904-793-3044
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0053130