FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N10930

(8)

WEBSTER CEMETERY ASSOCIATION, INC.

WEDSIE	TH CEMETERT ASSOCIATION	ON, IIVO			
Principal Place of	of Business	Mailing Address			DDII BIBII BIBII BIBII BIBII BIBII BIBII BIBII IBBI
209 S. MKT. BLVD.		209 S. MKT. BLVD.			
P.O. BOX 933 WEBSTER FL 33597-7933		P.O. BOX 933			
		WEBSTER FL 33597-7933		3. Date Incorporated or Qualified 08/30/1985	3a. Date of Last Report 03/28/1995
2. Principal Plac	ce of Business	2a. Mailing Address	··	4. FEI Number	Applied For
236 S. Market Blvd.		26		59-1692170	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		ີ່ Yes X No
24	9. Name and Address of Currer			10. Name and Address of New R	egistered Agent
			81 Name		
DOBSON	i, shirley		82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
	HWY 471				
WEBSTEI	R FL 33597		83		
			84 City		FL 85 Zip Code
				anation or health this atatages the time and	
or registers	ad apont, or both, in the State of Flori	da. Such change was authori	zea by the corporation's oc	oration submits this statement for the pur pard of directors. I hereby accept the app	ointment as registered agent. I am
familiar wit	th, and accept the obligations of Sec	tion 617.0503, Florida Statute	S.		
SIGNATURE 3	Shirley Not	son has	OTE: Registered Agent signature requ	in sut an reinstateur	<u>6-96</u>
, ,	Signature, typed or printed name of registered again	t and title if applicance (N ID DIRECTORS	OTE: Registered Agent signatura reciu	ADDITIONS/CHANGES TO OFF	
12.	PD OFFICERS AN	DELETE	1.1 TITLE		Change Addition
NAME	DOBSON, SHIRLEY	<u></u>	1.2 NAME		
NAME STREET ADDRESS	10898 S. HWY, 471		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		1.4 CiTY-ST-ZIP		
TITLE	VD	DELETÉ	2 1 TITLE		☐ Change ☐ Addition
NAME	DOBSON, HAROLD		2 2 NAME		
STREET ADDRESS	10898 S. HWY, 471		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		2 4 CITY - ST - 7IP		
TITLE	SD	DELETE	3.1 TITLE		Change 🔲 Addition
NAME	TOMPKINS, HELEN		3 2 NAME		,
STREET ADDRESS	PO BOX 162,209 S.MARKET		3 3 STREET ADDRESS	236 S. Market Bl	va.
CITY-ST-ZIP	WEBSTER FL		3 4 CITY-ST-ZIP		Change Maddition
TITLE	TD	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	HAYES, MARTHA		4 2 NAME		
STREET ADDRESS	11418 CR 753		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL	Florier	4.4 CITY - ST - ZIP		Change Addition
TITLE	D DITTO PORRY	DELETE	5 1 TITLE		Lawrence Disputati
NAME	PITTS, BOBBY		5 2 NAME	040 N B 4+5 C+	
STREET ADDRESS	PO BOX 213 N/A WEBSTER FL		5 3 STREET ADDRESS	240 N. E. 4th St	•
CITY-ST-ZIP	WEBSIEH FL	DELETE	5 4 CITY - ST - ZIP 6 1 TILLE		Change Addition
TITLE	MURPHY, FRANK	Place	6.2 NAME		•
NAME PERSON APPROSES	DO DOV 450 MIA		6.3 STREET ADDRESS	167 N. E. 2nd Av	Δ.
STREET ADDRESS	WERSTER FL		64 City - ST - 7/P		
14. Ldo here	<u> </u>	d with this filing is voluntarily fu	michael and done not augl	fy for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further
certify that	at the information indicated on this an	nual report or supplemental a	nnual report is true and acc	curate and that my signature shall have the this report as required by Chapter 617, I	e same legal effect as it made under Florida Statutes; and that my name
appears	in Block 12 or Block 13 if changed, o	r on an attachment with an ac	idress.		
appears	in Block 12 or Block 13 if changed, o	r on an attachment with an ac	idress.	011/01	

SIGNATURE:

3/6/96 352-793-3064-