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

FILED
Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N10930 (8)

1. Corporation Name
**WEBSTER CEMETERY ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 236 S MARKET BLVD.<br>P.O. BOX 933<br>WEBSTER FL 33597-7933<br>US | 209 S. MKT. BLVD.<br>P.O. BOX 933<br>WEBSTER FL 33597-0933 |

3. Date Incorporated or Qualified: 08/30/1985
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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
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 Shirley Dobson DATE 2-4-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | DOBSON, SHIRLEY | | 1.2 NAME | Lillian Radney | |
| STREET ADDRESS | 10898 S. HWY, 471 | | 1.3 STREET ADDRESS | 8359 S R 471 | |
| CITY-ST-ZIP | WEBSTER FL | | 1.4 CITY-ST-ZIP | Webster, Fl 33597 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | DOBSON, HAROLD | | 2.2 NAME | Floyd Johnson | |
| STREET ADDRESS | 10898 S. HWY, 471 | | 2.3 STREET ADDRESS | 524 CR 778 | |
| CITY-ST-ZIP | WEBSTER FL | | 2.4 CITY-ST-ZIP | Webster, Fl 33597 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | TOMPKINS, HELEN | | 3.2 NAME | Martha Ann Sparkman | |
| STREET ADDRESS | 236 S MARKET BLVD | | 3.3 STREET ADDRESS | 1623 CR 718 | |
| CITY-ST-ZIP | WEBSTER FL | | 3.4 CITY-ST-ZIP | Webster, Fl 33597 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | HAYES, MARTHA | | 4.2 NAME | Joanne Pitts | |
| STREET ADDRESS | 11418 CR 753 | | 4.3 STREET ADDRESS | 1042 CR 7538 | |
| CITY-ST-ZIP | WEBSTER FL | | 4.4 CITY-ST-ZIP | Webster, Fl 33597 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PITTS, BOBBY | | 5.2 NAME | | |
| STREET ADDRESS | 240 NE 4TH STREET | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEBSTER FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MURPHY, FRANK | | 6.2 NAME | | |
| STREET ADDRESS | 167 NE 2ND AVENUE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEBSTER FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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:** Shirley Dobson REQUIRED 2-4-97 352 793-4849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046727