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Feb 05 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 # N10930 (8)

1. Corporation Name
WEBSTER CEMETERY ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 08/30/1985

4. FEI Number: 59-1692170 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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 President 1-20-98
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	VD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	RADNEY, LILLIAN		1.2 NAME	Pitts,Joann	
STREET ADDRESS	8359 S R 471		1.3 STREET ADDRESS	1042 CR 753S	
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	Sparkman, Martha Ann	
STREET ADDRESS	10898 S. HWY, 471		2.3 STREET ADDRESS	1623 CR 718	
CITY-ST-ZIP	WEBSTER FL		2.4 CITY-ST-ZIP	Webster, Fl 33597	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, HELEN		3.2 NAME		
STREET ADDRESS	236 S MARKET BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		3.4. CITY-ST-ZIP		
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		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FLOYD		5.2 NAME		
STREET ADDRESS	524 CR 778		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 (10/97)

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: [illegible] 1-20-98 352-793-3413