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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17877

1. Corporation Name

SOUTH SUMTER EVERGREEN CEMETERY ASSOCIATION, INC.

Principal Place of Business

BUSHNELL, FL 33513

Mailing Address

P.O. BOX 577, FINKLEY, ST.

N/A

3. Date Incorporated or Qualified
1988

3a. Date of Last Report
1996

2. Principal Place of Business

21 BUSHNELL, FL 33513

Suite, Apt. #, etc.

22

23 BUSHNELL, FL 33513

City & State

24 33513

Zip

Country

25 USA

Country

2a. Mailing Address

26 P.O. BOX 577, FINKLEY ST.

Suite, Apt. #, etc.

27

28 BUSHNELL, FL 33513

City & State

29 33513

Zip

Country

30 USA

Country

4. FEI Number

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

RICHARD L. BRADLEY

P.O. BOX 577, FINKLEY ST.

N/A

BUSHNELL, FL 33513

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE
NAME JAMES HALL
STREET ADDRESS CR 727-11423 N/A
CITY-ST-ZIP WEBSTER, FL 33597

TITLE DIRECTOR /s ☐ DELETE
NAME RICHARD L. BRADLEY
STREET ADDRESS P.O. BOX 577, FINKLEY ST N/A
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE DIRECTOR /s ☐ DELETE
NAME GEORGE M. TAYLOR
STREET ADDRESS 173 JEFFERSON ST
CITY-ST-ZIP CENTER HILL, FL 33514

TITLE PRESIDENT ☐ DELETE
NAME ROBERT GRAHAM
STREET ADDRESS 308 SOUTH PINE STREET
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE DIRECTOR ☐ DELETE
NAME BEULAH YOUNGBLOOD
STREET ADDRESS CR 720-A-1368 N/A
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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. 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: Richard L. Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Bradley

2-25-97

(352) 793-3415

Date

Daytime Phone

CR2E037 (9/96)

3-17-97