

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42938 (3)
1. Corporation Name
MARTIN VANBUREN VANNESS FAMILY CEMETERY ASSOCIATION/CORPORATION



Principal Place of Business Mailing Address
**6130 LECANTO HWY.
LECANTO FL 34461
US** **6130 LECANTO HWY.
LECANTO FL 34461
US**

3. Date Incorporated or Qualified **04/12/1991** 3a. Date of Last Report **06/14/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3070614		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State		23		28	
24		25		29		30	
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN NESS, THOMAS M., JR., ESQUIRE
VAN NESS & VAN NESS, P.A.
6206 W CORPORATE OAKS DR
CRYSTAL RIVER FL 34429**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNESS, MIKE	1.2 NAME	
STREET ADDRESS	360 N CROFT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, DOUGLAS	2.2 NAME	
STREET ADDRESS	6130 S LECANTO HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, DAVID	3.2 NAME	
STREET ADDRESS	3680 W STARLIGHT PATH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNESS, GLENN	4.2 NAME	
STREET ADDRESS	1876 N FLORIDA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, CARLTON	5.2 NAME	
STREET ADDRESS	2031 HILL-N-DALE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Douglas D. Naylor* **Douglas D. Naylor** **4-27-96** **352-628-1885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)