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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-08-1999 90013 048 ****61.25

DOCUMENT # N42938

1. Corporation Name

MARTIN VANBUREN VANNESS FAMILY CEMETERY ASSOCIAT
ION/CORPORATION

Principal Place of Business

6130 S LECANTO HWY
LECANTO FL 34461
US

Mailing Address

6130 S LECANTO HWY
LECANTO FL 34461
US



2. Principal Place of Business

21 6130 S Lecanto Hwy

Suite, Apt. #, etc.

22 City & State

23 Lecanto FL

24 34461 25 U.S.

2a. Mailing Address

26 6130 S Lecanto Hwy

Suite, Apt. #, etc.

27 City & State

28 Lecanto FL

29 34461 30 U.S.

3. Date Incorporated or Qualified

04/12/1991

4. FEI Number

59-3070614

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

9. Name and Address of Current Registered Agent

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

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 D DELETE

NAME VANNESS, MIKE
STREET ADDRESS 360 N CROFT AVE.
CITY-ST-ZIP INVERNESS FL

TITLE D DELETE

NAME NAYLOR, DOUGLAS
STREET ADDRESS 6130 S LECANTO HWY.
CITY-ST-ZIP LECANTO FL

TITLE D DELETE

NAME CROFT, DAVID
STREET ADDRESS 3680 W STARLIGHT PATH
CITY-ST-ZIP LECANTO FL

TITLE D DELETE

NAME VANNESS, GLENN
STREET ADDRESS 1876 N FLORIDA AVE.
CITY-ST-ZIP HERNANDO FL

TITLE D DELETE

NAME CHAPPELL, CARLTON
STREET ADDRESS 2031 HILL-N-DALE NORTH
CITY-ST-ZIP TALLAHASSEE FL

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 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, with all other like empowered.

SIGNATURE: X [Signature] REGISTERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)