

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90057 016 ****61.25

0084086

DOCUMENT # N49158

1. Entity Name
THE GRIFFIS FAMILY CEMETARY ASSOCIATION, INC.



Principal Place of Business Mailing Address

**ROUTE 3, BOX 1648
STARKE FL 32091** **ROUTE 3, BOX 1648
STARKE FL 32091**

*911 address
13556 S.E. 100-A Starke, FL 32091*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

13556 S.E. 100A Starke *13556 S.E. 100A Starke*

City & State City & State

Starke, FL *Starke, FL*

Zip Country Zip Country

32091 *USA* *32091* *USA*

4. FEI Number **26-3693175** Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, JOHN S.
486 NORTH TEMPLA AVE
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIS, KENNETH	
STREET ADDRESS	ROUTE 3, BOX 1648	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, LAWRENCE L	
STREET ADDRESS	RT 3 BOX 1648	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIS, LUTHER D	
STREET ADDRESS	RT 3 BOX 1648	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, WANDA	
STREET ADDRESS	RT 3 BOX 1638	
CITY-ST-ZIP	STARKE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* Date: *6-20-03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)