## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

702081

(1)

	YAY CEMETERY FOUNDATION	ON INC						
3401 S. CONWAY ROAD 3401 S. CONWAY ROAD ORLANDO FL 32812-7601 ORLANDO FL 32812-7601						3. Date Incorporated or Qualified 03/01/1961	Ac	oplied For
]						59-0965751	<del></del>	ot Applicable
2. Principal Place of Business 22. Mailing Address 21						5. Certificate of Status Desired		Additional equired
Suite, Apt. #, etc. Suite, Apt. #, etc.					-	6. Election Campaign Financing	\$5.00	May Be
27						Trust Fund Contribution	Added to	
City & State City & State						7. Is this nonprofit corporation a homeo		n?
			Cou	Country		8. This corporation owas or has paid the		tongible
24	25	29	30	,		Personal Property Tax due June 30.		No
	9. Name and Address of Curre					10. Name and Address of New Registe		1
				81 Nar	ne	<del> </del>		
PARRISH, CHARLES				82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)	<del></del>	
3631 CONWAY GARDENS ROAD				02 300	et Audie	55 (F.O. DOX Number is Not Acceptable)		
ORLANDO FL 32808			[	83				
			ļ	<b>84</b> City	<del></del> -		<b>85</b> Zip	Code
							<b> -  </b>	
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								ls registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and tille il applicable.	(NOTE: Registered	Agent signa	ture required	d when reinstating) DA	TE	<del></del> -[.
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PO	☐ DELETE	1.1 1/1	LΕ			∐ Change	Addition
NAME PARRISH, CHARLES				1.2 NAME				
STREET ADDRESS 3631 CONWAY GARDENS ROAD				1.3 STREET ADDRESS				ļi
CITY-ST-ZIP	QRLANDO FL 32806	DELETE		Y-ST-ZIP			Change	Addition
TITLE				2.1 TITLE			☐ CHAIRE	Munition
NAME	HUDSON, WAYNE			2.2 NAME		•		
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32812	DELETE	2. 4 CI	TY+ST-ZIP	-		Change	Addition
NAME	LIVINGSTON, SUE			3.2 NAME			Onengo	
STREET ADDRESS	359 BELOIT			3.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL			12-1 NODNE. TY-ST- <i>2</i> IP	~			
TITLE	8	DELETE	4.1 707		-		Change	☐ Addition
NAME	PAEDEN, LEWIS C			4. 2 NAME			_ ,	_
STREET ADDRESS	1725 WHITE AVE			4.3 STREET ADDRESS				
CITY-ST-ZIP	ARIANDA EL AGORA		4.4 CI	4.4 CITY-ST-ZIP				
TITLE				5.1 TITLE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRES	is			1
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE			Change	Addition
NAME	1		6.2 NA	ME	)			j
STREET ADDRESS			6.3 ST	REET ADORES	s			ľ
l	I .							

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 frustee 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 or an attachment with an address.

**FILED** 

Apr 03 1998 8:00am

Secretary of State