SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 720431 (6)

1. Corporation Name
KEYSTONE HEIGHTS CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO DRAWER 790 NIGHTINGALE AT PALMETTO KEYSTONE HEIGHTS FL 32656	PO DRAWER 790 NIGHTINGALE AT PALMETTO KEYSTONE HEIGHTS FL 32656

3. Date Incorporated or Qualified: 03/05/1971
3a. Date of Last Report: 05/17/1994
4. FEI Number: 23-7102840 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc — 22 / City & State — 23 / Zip — 24 / Country — 25
2a. Mailing Address — 26 / Suite, Apt. #, etc — 27 / City & State — 28 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEVLIN, CAROLE PALMETTO AT NIGHTENGALE KEYSTONE HEIGHTS FL 32656	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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City St Zip
STD	NETTLES, D. DIANE	PALMETTO @ NIGHTINGALE	KEYSTONE HEIGHTS FL
VD	FUTCH, BENTON	ST 100 E	KEYSTONE HEIGHTS FL
PD	PREVATT JR,MYRON C	IMOKALEE ROAD	KEYSTONE HEIGHTS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank) — ☐ Change ☐ Addition

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)(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.

SIGNATURE: Diane Nettles / STD — 6/25/95 — 904-473-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE NETTLES

CR2E037 (3/95)