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**Mar 05 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # 734208 (2)
1. Corporation Name
PRAIRIE MAUSOLEUM & CEMETERY CORPORATION, INC.



Principal Place of Business: **7235 GRISSOM PKWY
PORT ST JOHN FL 32927
US**
Mailing Address: **2540 125TH ST. W.
LAKE PARK FL 33410
US**

3. Date Incorporated or Qualified: **10/30/1975**
4. FEI Number: **51-0198486**
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**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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**

9. Name and Address of Current Registered Agent
**ARCHER, MARIAN
2540 125TH ST. N.
LAKE PARK FL 33410**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LADO, ELIZABETH HILL	
STREET ADDRESS	RR 2 BOX 217 A	
CITY-ST-ZIP	BUNKER HILL IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRAIRIE, DONALD M.	
STREET ADDRESS	RR	
CITY-ST-ZIP	BONFIELD IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARCHER, MARIAN	
STREET ADDRESS	2540 125TH ST NORTH	
CITY-ST-ZIP	LAKE PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUSCHEL, BARBARA	
STREET ADDRESS	6089 DANIA ST	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRAIRIE, BENITA	
STREET ADDRESS	305 E. GRAND ST. APT.2	
CITY-ST-ZIP	BOURBONNAIS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, ELAINE P.	
STREET ADDRESS	1050 SINGER WAY	
CITY-ST-ZIP	RIVIERA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LADD, ELIZABETH	
1.3 STREET ADDRESS	RR 2 BOX 217A	
1.4 CITY-ST-ZIP	BUNKER HILL, IND. 46914	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BARBARA KUSCHEL	
4.3 STREET ADDRESS	PO BOX 688	
4.4 CITY-ST-ZIP	MAGGIE VALLEY NC 28751	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENITA PRAIRIE	
5.3 STREET ADDRESS	156 W. MARTEN ST.	
5.4 CITY-ST-ZIP	KANKAKEE ILL 60901	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Marian Archer* **REQUIRED** **3/1/98** **407-835-6097** **511-622-3923**

CR2E037 (10/97)