FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746117** **(1)**

1. Corporation Name
CORINTH CHURCH CEMETERY ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
~~RT. 1, BOX 140AA~~ ~~LAKE CITY FL 32055~~ P.O. BOX 1212 LAKE CITY, FL. 32056	~~RT. 1, BOX 140AA~~ ~~LAKE CITY FL 32055~~ P.O. BOX 1212 LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1979
3a. Date of Last Report: 04/29/1994
4. FEI Number: 51-0183253 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 1212	26 P.O. BOX 1212
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE CITY, FL	City & State 28 LAKE CITY, FL.
Zip 24 32056 / County 25 COLUMBIA	Zip 29 32056 / County 30 COLUMBIA

9. Name and Address of Current Registered Agent

~~PORTER, LILLIAN G.~~
~~RT. 1, BOX 944~~
~~MACCLENNY FL 32063~~

10. Name and Address of New Registered Agent

81 Name: SAM W. SEAY
82 Street Address (P.O. Box Number is Not Acceptable): RT. 12 BOX 72-B
83
84 City: LAKE CITY, FL 85 Zip Code: 32025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: SAM W. SEAY TD — Sam W. Seay Treas. — 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	BECKY THOMAS ☒ Change ☐ Addition
NAME	~~DAVIS, LORENE~~	12 NAME	
STREET ADDRESS	~~RT 1 BOX 147-A~~	13 STREET ADDRESS	RT. 1 BOX 155-A
CITY-ST-ZIP	~~LAKE CITY FL~~	14 CITY-ST-ZIP	D - HISTORIAN LAKE CITY, FL. 32055
TITLE	VD	21 TITLE	[redacted] ☒ Change ☐ Addition
NAME	COLEMAN, BEN	22 NAME	
STREET ADDRESS	1104 LAKE DRIVE	23 STREET ADDRESS	NO CHANGE
CITY-ST-ZIP	LAKE CITY, FL 00000 D - VICE PRES.	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	SAM W. SEAY ☒ Change ☐ Addition
NAME	~~DAVIS, KARIN~~	32 NAME	
STREET ADDRESS	~~RTE 6 BOX 140AA~~	33 STREET ADDRESS	RT. 12, BOX 72-B
CITY-ST-ZIP	~~LAKE CITY FL~~	34 CITY-ST-ZIP	D - TREAS LAKE CITY, FL 32052
TITLE	SD	41 TITLE	JEANELLE LARRAMORE ☒ Change ☐ Addition
NAME	~~SWEAT, PAMELA~~	42 NAME	
STREET ADDRESS	~~RT. 1~~	43 STREET ADDRESS	RT. 10, BOX 901
CITY-ST-ZIP	~~LK CITY, FL 00000~~	44 CITY-ST-ZIP	D - SEC. LAKE CITY, FL. 32055
TITLE	PD	51 TITLE	ROY A. GREENE ☒ Change ☐ Addition
NAME	~~PORTER, LILLIAN G.~~	52 NAME	
STREET ADDRESS	~~RT. 1 BOX 944~~	53 STREET ADDRESS	RT 12. BOX 156
CITY-ST-ZIP	~~MACCLENNY FL~~	54 CITY-ST-ZIP	D - PRES. LAKE CITY, FL. 32055
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Sam W. Seay — SAM W. SEAY — 4/19/95 — 904-752-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

c/k #252

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