

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746117 (1)

1. Corporation Name

CORINTH CHURCH CEMETERY ASSOCIATION, INCORPORATE
D



Principal Place of Business

Mailing Address

P O BOX 1212
LAKE CITY FL 32056
US

P O BOX 1212
LAKE CITY FL 32056
US

3. Date Incorporated or Qualified
03/01/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

SEAY, SAM W
RT 12 BOX 72-B
LAKE CITY FL 32025

81 Name
MARGIE OGDEN

82 Street Address (P.O. Box Number is Not Acceptable)
RT. 8, BOX 422

83

84 City
LAKE CITY

FL 85 Zip Code
32055

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

Margie Ogden, Treasurer

FEBRUARY 8, 1996

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME THOMAS, BECKY
STREET ADDRESS RT 1 BOX 155 A
CITY-ST-ZIP LAKE CITY FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME COLEMAN, BEN
STREET ADDRESS 1104 LAKE DRIVE
CITY-ST-ZIP LAKE CITY, FL 00000

21 TITLE VD ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DT ☒ DELETE
NAME SEAY, SAM W
STREET ADDRESS RT 12 BOX 72-B
CITY-ST-ZIP LAKE CITY FL

31 TITLE DT ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME LARRAMORE, JEANELLE
STREET ADDRESS RT 10 BOX 901
CITY-ST-ZIP LK CITY, FL 00000

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME GREENE, ROY A
STREET ADDRESS RT 12 BOX 156
CITY-ST-ZIP MACCLENNY FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

Margie Ogden - Margie Ogden

FEBRUARY 8, 1996 904-752-6343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)