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Apr 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 746117 (1)

1. Corporation Name

CORINTH CHURCH CEMETERY ASSOCIATION, INCORPORATE
D

Principal Place of Business

P O BOX 1212
LAKE CITY FL 32056
US

Mailing Address

P O BOX 1212
LAKE CITY FL 32056-1212
US



3. Date Incorporated or Qualified
03/01/1979

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

OGDEN, MARGIE
RT 8 BOX 422
LAKE CITY FL 32055

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VD ☐ DELETE
NAME DURRANCE, WILLIAM
STREET ADDRESS RT 1 BOX 145
CITY-ST-ZIP LAKE CITY, FL 00000

TITLE DT ☐ DELETE
NAME OGDEN, MARGIE
STREET ADDRESS RT 8 BOX 422
CITY-ST-ZIP LAKE CITY FL

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME DAVIS, LORENE
1.3 STREET ADDRESS RT 1 BOX 147-D
1.4 CITY-ST-ZIP LAKE CITY, FL, 32055

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DP ☒ Change ☐ Addition
5.2 NAME GREENE, ROY A
5.3 STREET ADDRESS RT 12 BOX 156
5.4 CITY-ST-ZIP LAKE CITY FL 32025

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Margie Ogden Margie Ogden

April 17, 1997 904-755-8248

CR2E037 (9/96)