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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90149 025 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 746117**

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  
US



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

3. Date incorporated or Qualified

03/01/1979

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

9. Name and Address of Current Registered Agent

**OGDEN, MARGIE  
RT 8 BOX 422  
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

RT 17 BOX 1688

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

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 ☐ DELETE  
NAME **D**  
STREET ADDRESS **DAVIS, LORENE**  
CITY-ST-ZIP **RT 16 BOX 680**  
**LAKE CITY FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **SPRADLEY, STEVE**  
CITY-ST-ZIP **RT 16 BOX 662**  
**LAKE CITY FL 32055**

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **OGDEN, MARGIE**  
CITY-ST-ZIP **RT 17 BOX 1688**  
**LAKE CITY FL**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 **DS**  
4.3 STREET ADDRESS **LYONS, SHARON**  
4.4 CITY-ST-ZIP **RT 16 BOX 646**  
**LAKE CITY, FL 32055**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-12-99

904-755-8248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)