

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 746117**

1. Entity Name

CORINTH CHURCH CEMETERY ASSOCIATION, INCORPORATE**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90093 044 ****61.25

Principal Place of Business

Mailing Address

P O BOX 1212
LAKE CITY FL 32056
USP O BOX 1212
LAKE CITY FL 32056
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0183253

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****OGDEN, MARGIE**
RT 17, BOX 1688
LAKE CITY FL 32055

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, LORENE**
CITY-ST-ZIP **RT 16 BOX 680**
LAKE CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **SPRADLEY, STEVE**
CITY-ST-ZIP **RT 16 BOX 662**
LAKE CITY FL 32055TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DT**
STREET ADDRESS **OGDEN, MARGIE**
CITY-ST-ZIP **RT 17 BOX 1688**
LAKE CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DS**
STREET ADDRESS **LYONS, SHARON**
CITY-ST-ZIP **RT 16, BOX 646**
LAKE CITY FL 32055TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GREENE, ROY A**
CITY-ST-ZIP **RT. 12 BOX 156**
LAKE CITY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGIE OGDEN
Margie Ogden

Date

Daytime Phone #

1-24-01 904-252-6343

CR2E037 (10/00)