

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90310 018 ****61.25

DOCUMENT # 746117

1. Entity 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

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**

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 \$61.25

9. 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	D	<input type="checkbox"/> Delete
NAME	DAVIS, LORENE	
STREET ADDRESS	RT 16 BOX 680	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPRADLEY, STEVE	
STREET ADDRESS	RT 16 BOX 662	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OGDEN, MARGIE	
STREET ADDRESS	RT 17 BOX 1688	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LYONS, SHARON	
STREET ADDRESS	RT 16, BOX 646	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GREENE, ROY A	
STREET ADDRESS	RT. 12 BOX 156	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, EARL	
STREET ADDRESS	P.O. BOX 3442	
CITY-ST-ZIP	LAKE CITY, FL 32056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margie M. Ogden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margie M. Ogden 4-18-02

Date

Daytime Phone #

CR2E037 (9/01)