FILE NOW: FILING FEE IS $61.25

FILED
Mar 04 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 # **748868** **(7)**

1. Corporation Name

ROSE CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1634 TARPON SPRINGS FL 34688-1634	P O BOX 1634 TARPON SPRINGS FL 34688-1634

3. Date Incorporated or Qualified: **09/11/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **26-3741061** ☐ 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

COLE, E L , ST
520 LINCOLN AVE
TARPON SPRINGS FL FL 34689

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, ELLEN GATE		1.2 NAME	
STREET ADDRESS	635 LINCOLN AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000		1.4 CITY-ST-ZIP	
TITLE	VP/T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, BOBBIE L		2.2 NAME	
STREET ADDRESS	426 OAKWOOD ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000		2.4 CITY-ST-ZIP	
TITLE	TD/T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JANIE J		3.2 NAME	
STREET ADDRESS	320 HARRISON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 00000		3.4 CITY-ST-ZIP	
TITLE	P/T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLE, EL SR.		4.2 NAME	
STREET ADDRESS	520 LINCOLN AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	QUARTERMAN, ALFRED		5.2 NAME	
STREET ADDRESS	7704 GREYBIRCH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PITTS, CLIFFORD JR.		6.2 NAME	
STREET ADDRESS	644 TIMBER BAY CIR. W.		6.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [illegible] REQUIRED 2/25/97 (813)937-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068913