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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **748868**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/11/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 26-3741061 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLE, E L , ST 520 LINCOLN AVE TARPON SPRINGS FL FL 34689	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 34688		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	DORSETT, EDWARD		6.2 NAME	Stanley McNeal	
STREET ADDRESS	531 E OAKWOOD ST		6.3 STREET ADDRESS	312 E. Mt. Luther King Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL 34609		6.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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 3/17/99 937-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007292

CR2E037 (11/98)