FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759825** **(3)**

1. Corporation Name

NEWNANSVILLE, ALACHUA CEMENTARY ASSOCIATION, INC ORPORATED

Principal Place of Business	Mailing Address
14209 148TH PLACE P.O. BOX 471 ALACHUA FL 32615 US	76 W. FLA. AVE. P.O. BOX 471 ALACHUA FL 32615

3. Date Incorporated or Qualified: **08/28/1981**
3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2045949** ☐ 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**

DELOACH, CARLTON
RT. 2, BOX 332
ALACHUA FL 32615

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 '?'		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, NINA M.		1.2 NAME		
STREET ADDRESS	76 W. FLORIDA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, EARL R		2.2 NAME		
STREET ADDRESS	RT. 3, BOX 482		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, JESSE		3.2 NAME		
STREET ADDRESS	RT 3, BOX 482		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IRBY, W.W.		4.2 NAME		
STREET ADDRESS	421 SW 2ND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, FRANKLIN		5.2 NAME		
STREET ADDRESS	RT 1, BOX 125		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, JAMES W		6.2 NAME		
STREET ADDRESS	251 SW 4TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nina M. Harrison 6-6-96 (904) 462-1345