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Sep 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

DELOACH, CARLTON
RT. 2, BOX 332
ALACHUA FL 32615
178 NW
N.W. 138 ave.

10. Name and Address of New Registered Agent

81 Name: Carlton DeLoach President
82 Street Address (P.O. Box Number is Not Acceptable): RT 2 Box 332
83: Carlton DeLoach
84 City: Alachua Box 332 FL 85 Zip Code: 32615

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(S): Carlton DeLoach DATE: 4-30-98

12. (required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T ☐ DELETE	1.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	HARRISON, NINA M.	1.2 NAME	Nina M. Harrison
STREET ADDRESS	76 W. FLORIDA AVE.	1.3 STREET ADDRESS	14209 N.W 148th place
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	Alachua, Fla. 32615
TITLE	D ☐ DELETE	2.1 TITLE	R. Earl Bryan Vice Pres ☐ Change ☐ Addition
NAME	BRYAN, EARL R	2.2 NAME	
STREET ADDRESS	~~RT. 3, BOX 482~~ 9016 N.W. 143rd ST	2.3 STREET ADDRESS	9016 N.W. 143rd St
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	Alachua, Fl. 32615
TITLE	D ☐ DELETE	3.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	BRYAN, JESSE	3.2 NAME	Jessie BRYAN
STREET ADDRESS	~~RT 3, BOX 482~~ 9016 N.W. 143rd ST	3.3 STREET ADDRESS	9016 N.W. 143rd ST.
CITY-ST-ZIP	ALACHUA FL 32615	3.4 CITY-ST-ZIP	Alachua, Fl. 32615
TITLE	D ☐ DELETE	4.1 TITLE	Director ☐ Change ☐ Addition
NAME	IRBY, W.W.	4.2 NAME	W.W. IRBY
STREET ADDRESS	421 SW 2ND AVE.	4.3 STREET ADDRESS	Rt. Box 448 N/A
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	Alachua Fl 32616
TITLE	D ☐ DELETE	5.1 TITLE	Director ☐ Change ☐ Addition
NAME	COPELAND, FRANKLIN	5.2 NAME	Franklin Copeland
STREET ADDRESS	RT 1, BOX 125	5.3 STREET ADDRESS	19201 N.W. C.R. 235 A
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	Alachua, Fla. 32615
TITLE	D ☐ DELETE	6.1 TITLE	Director ☐ Change ☐ Addition
NAME	HARRISON, JAMES W	6.2 NAME	James W. Harrison
STREET ADDRESS	251 SW 4TH ST	6.3 STREET ADDRESS	14209 N.W. 148th Place P.O. Box 638
CITY-ST-ZIP	ALACHUA FL	6.4 CITY-ST-ZIP	Alachua, Fla. 32616

CR2E037 (10/97)

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.

SIGNATURE: Nina M. Harrison Treasurer 6-9-1999 904-462-1345