01261999-90013-033-$61.25-$61.25

**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

99 MAR 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # 759825**

1. Corporation Name
**NEWNANSVILLE, ALACHUA CEMENTARY ASSOCIATION, INC ORPORATED**

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

[redacted]

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>06/28/1981 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc<br>27 | 4. FEI Number<br>59-2045949 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate 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 |
|---|---|
| DELOACH, CARLTON<br>RT. 2 BOX 372<br>ALACHUA FL 32615 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | T | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARRISON, NINA M. | | 1.2 NAME | | |
| STREET ADDRESS | 14209 NW 148TH PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALACHUA FL 32615 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRYAN, EARL R | | 2.2 NAME | | |
| STREET ADDRESS | 9016 NW 143 ST | | 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 | 9015 NW 143RD ST | | 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 | P.O. BOX 1487 N/A | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALACHUA FL 32616 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COPELAND, FRANKLIN | | 5.2 NAME | | |
| STREET ADDRESS | 19201 N.W. CR 235A | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALACHUA FL 32615 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARRISON, JAMES W | | 6.2 NAME | | |
| STREET ADDRESS | 14209 N.W. 148TH PLACE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALACHUA FL 32616 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** Nina M. Harrison **STATE REQUIRED** 1-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nina M. Harrison 2-22-99
Nina M. Harrison