


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759911 (1)
1. Corporation Name
MARCO ISLAND CEMETERY, INC.

Principal Place of Business Mailing Address
489 W. Elkcarn Circle P.O. Box 23
Marco Island, FL 34145 Marco Island, FL 34146

3. Date Incorporated or Qualified **09/03/1981** Date of Last Report **05/01/97**
4. FEI Number **59-2222856** Applied For Not Applicable

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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

9. Name and Address of Current Registered Agent
ZUMBRUN, PHOEBE V.
457 Tallwood #307
Marco Island, FL 34146

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTON, ALBERT	
STREET ADDRESS	2 PAPAYA STREET	
CITY-ST-ZIP	GOODLAND, FL 34140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANIERI, RICK	
STREET ADDRESS	1001 valley	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROACH, TANDY	
STREET ADDRESS	1817 N. BAHAMA AVE.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	TM	<input type="checkbox"/> DELETE
NAME	ZUMBRUN, PHOEBE V.	
STREET ADDRESS	457 TALLWOOD #306	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACMORRIS, CLIFFORD	
STREET ADDRESS	533 COCONUT AVE.	
CITY-ST-ZIP	GOODLAND, FL 34140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANSDOWN, ROY	
STREET ADDRESS	1370 AUBURNDAL AVE.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOWEN, LESTER	
1.3 STREET ADDRESS	1901 KIRK TERRACE	
1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
2.1 TITLE	POTTER, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	21 MAPLE TREE LN	
2.3 STREET ADDRESS	NAPLES, FL 34114	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *Tandy Roach* **4/25/98** **941-394-3469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (10/97)