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Jan 20 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 # 762299 (6)

1. Corporation Name

PALL-BEARERS SOCIETY NO. 5, WEST SANFORD, INC.

Principal Place of Business

Mailing Address

1604 PEACH AVENUE
SANFORD FL 32771

1604 PEACH AVENUE
SANFORD FL 32771

2. Principal Place of Business

2a. Mailing Address

21 1604 Peach Ave

26 1604 Peach Ave

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Sanford, FL

Sanford, FL

24 Zip

25 Country

29 Zip

30 Country

32771

USA

32771

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1982

4. FEI Number

59-2385149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

GREENLEE, ALPHEUS E.
1604 PEACH AVENUE
SANFORD FL 32771

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GREENLEE, ALPHEUS

STREET ADDRESS 1604 PEACH AVENUE

CITY-ST-ZIP SANFORD FL

TITLE VP ☐ DELETE

NAME JORDAN, ELIZABETH

STREET ADDRESS P.O. BOX 825 N/A

CITY-ST-ZIP OSTEER FL

TITLE TD ☐ DELETE

NAME TAYLOR, ZORA MAE

STREET ADDRESS 1219 W. 8TH. ST.

CITY-ST-ZIP SANFORD FL

TITLE SD ☐ DELETE

NAME BLACK, GERTRUDE

STREET ADDRESS 1501 W. 11TH STREET

CITY-ST-ZIP SANFORD FL

TITLE RS ☐ DELETE

NAME ALFREDA J. WALLACE

STREET ADDRESS 904 W. 13TH ST.

CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Alpheus E. Greenlee*

1-8-98 (407) 322-2100

CR2E037 (10/97)