

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 23 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C92000000008 (7)

1. Corporation Name

WHITE CITY CEMETERY ASSOCIATION

Principal Place of Business

Mailing Address

**3800 SUNRISE BLVD
FT PIERCE FL 34982**

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FT PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2753972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWE, S P
1008 CHARLOTTA ST
FT PIERCE FL 34954**

81 Name

CARLIN, ROBERT S

82 Street Address (P.O. Box Number is Not Acceptable)

2516 S 19th St Apt 102

83

84 City

Fort Pierce

FL

85

34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **ROBERT S. CARLIN - MANAGER**

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	HOWE, LARRY	1008 CHARLOTTA ST	FT. PIERCE FL 34954
V	HAKES, SALLY	899 E. WEATHERBY RD	FT. PIERCE FL 34982
ST	JORGENSEN, CYNTHIA	5819 OLEANDER AVE	FT. PIERCE FL 34982
T	WILD, CARL	119 E. MIDWAY	FT. PIERCE FL
D	PETTEY, DAVID	1831 CRESTVIEW DRIVE APT A	FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
V	KIRBY, JAMES III	2860 S. Kings Hwy	Ft Pierce, FL 34945
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
D	Pete Guettler	4401 Whiteway Dairy Ln	Ft Pierce, FL 34945
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
D	BRAD KEEN	703 Anita St	Fort Pierce, FL 34982

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 110.07(3)(k), Florida Statutes. I further certify 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

2-15-95

Title

Signature (Typed Name)