

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C92000000008 (7)

1. Corporation Name

WHITE CITY CEMETERY ASSOCIATION



Principal Place of Business

**3800 SUNRISE BLVD
FT PIERCE FL 34982**

Mailing Address

**3800 SUNRISE BLVD
FT PIERCE FL 34982**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CARLIN, ROBERT S.
2516 S 19TH ST
APT 102
FORT PIERCE FL 34982**

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

02/23/1995

4. FEI Number

59-2753972

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

DONNA R. HODGSON

82

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

310 N. 17th ST

83

84

City

FORT PIERCE

FL

85

Zip Code

34950

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 **Donna R. Hodgson**

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

(NOTE: Registered Agent signature required when reinstating)

Donna R. Hodgson

3-1-1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

P HOWE, LARRY

STREET ADDRESS

1008 CHARLOTTA ST

CITY - ST - ZIP

FT. PIERCE FL 34954

TITLE ☐ DELETE

NAME

V KIRBY, JAMES III

STREET ADDRESS

2860 S KINGS HWY

CITY - ST - ZIP

FT. PIERCE FL 34945

TITLE ☐ DELETE

NAME

ST JORGENSEN, CYNTHIA

STREET ADDRESS

5619 OLEANDER AVE

CITY - ST - ZIP

FT. PIERCE FL 34982

TITLE ☐ DELETE

NAME

T WILD, CARL

STREET ADDRESS

119 E. MIDWAY

CITY - ST - ZIP

FT. PIERCE FL

TITLE ☐ DELETE

NAME

D GUETTLER, PETE

STREET ADDRESS

4401 WHITEWAY DAIRY LN

CITY - ST - ZIP

FT. PIERCE FL 34945

TITLE ☐ DELETE

NAME

D KEEN, BRAD

STREET ADDRESS

703 ANITA ST

CITY - ST - ZIP

FT. PIERCE FL 34982

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

V PRESIDENT

KEEN, BRAD

703 ANITA ST

FT. PIERCE, FL 34982

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

DIRECTOR

KIRBY, JAMES III

2860 S KINGS HWY

FT. PIERCE, FL 34945

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)