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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34982-6970

3. Date Incorporated or Qualified: 11/30/1992  
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 59-2753972  
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

9. Name and Address of Current Registered Agent  
HODGSON, DONNA R  
310 NORTH 17TH STREET  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 1110 Apple St.  
83  
84 City: Ft Pierce  
85 Zip Code: FL 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)  
Date: Jan 16, 1997

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWE, LARRY	
STREET ADDRESS	1008 CHARLOTTA ST	
CITY-ST-ZIP	FT. PIERCE FL 34954	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEEN, BRAD	
STREET ADDRESS	703 ANITA STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JORGENSEN, CYNTHIA	
STREET ADDRESS	5619 OLEANDER AVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILD, CARL	
STREET ADDRESS	119 E. MIDWAY	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUETTLER, PETE	
STREET ADDRESS	4401 WHITEWAY DAIRY LN	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRBY, JAMES I	
STREET ADDRESS	2880 SOUTH KINGS HWY	
CITY-ST-ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRUCE CENTER	
5.3 STREET ADDRESS	904 S 11th ST	
5.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Larry Howe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: January 16, 1997  
Daytime Phone # 0071536

CR2E037 (9/96)