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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

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

4. FEI Number

59-2753972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

10. Name and Address of New Registered Agent

HODGSON, DONNA R
310 NORTH 17TH STREET
FT. PIERCE FL 34950

81 Name

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

1110 Apple St.

83

84 City

Ft 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)

DATE

Jan 16, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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

JANUARY 16, 1997
Date

Daytime Phone # 0071636

CR2E037 (9/96)