

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/30/1992	
4. FEI Number 59-2753972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HODGSON, DONNA R
1110 APPLE ST
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name
Lawrence E. Miller

82 Street Address (P.O. Box Number is Not Acceptable)
1100 Bennett Road

83

84 City
Ft. Pierce

85 Zip Code
FL 34947

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 *Lawrence E. Miller* **Lawrence E. Miller, Manager** **4/9/98**
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	VP	<input type="checkbox"/> DELETE
NAME	HOWE, LARRY	
STREET ADDRESS	1008 CHARLOTTA ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEEN, BRAD	
STREET ADDRESS	703 ANITA STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JORGENSEN, CYNTHIA	
STREET ADDRESS	5819 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	CENTER, BRUCE	
STREET ADDRESS	904 S 11 ST	
CITY-ST-ZIP	FT. PIERCE FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWE, LARRY	
1.3 STREET ADDRESS	1008 Charlotta St.	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	
2.2 NAME	James Kirby, III	
2.3 STREET ADDRESS	2860 So. Kings Hwy.	
2.4 CITY-ST-ZIP	Ft. Pierce, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ida Childs	
3.3 STREET ADDRESS	3805 Sunrise Blvd.	
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Keen, Brad	
4.3 STREET ADDRESS	703 Anita St.	
4.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jack Thompson	
5.3 STREET ADDRESS	512 Gardania Avenue	
5.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James Bass	
6.3 STREET ADDRESS	801 Ulrich Rd.	
6.4 CITY-ST-ZIP	Ft. Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.09(9), 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: *Ida Childs* **Ida Childs, Secretary** **4/9/98** 512-4165-0710

CR2E037 (10/97)