

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

FILED
Jan 25, 1996 08:00 AM
Secretary of State

DOCUMENT # N00176 (0)
1. Corporation Name
THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.



Principal Place of Business Mailing Address
1931 JAUDON ROAD 1931 JAUDON ROAD
DOVER FL 33527 DOVER FL 33527

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1983		3a. Date of Last Report 02/01/1995	
21		26		4. FEI Number 59-2384574		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LASTINGER, G. OSCAR
1931 JAUDON RD.
DOVER FL 33527

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 *Troy E. Surrency*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LASTINGER, G. OSCAR		1.2 NAME				
STREET ADDRESS	1931 JAUDON RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DOVER FL 33527		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SUMNER, WAYNE		2.2 NAME				
STREET ADDRESS	1105 THOMPSON RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	LITHIA FL 33547		2.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SURRENCY, TROY E		3.2 NAME				
STREET ADDRESS	9917 HIGHWAY 39 SOUTH		3.3 STREET ADDRESS				
CITY-ST-ZIP	LITHIA FL 33547		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JAMESON, JOSEPH C.		4.2 NAME				
STREET ADDRESS	5305 S FARKAS RD.		4.3 STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY FL 33567		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GATLYN, LLOYD L.		5.2 NAME				
STREET ADDRESS	6505 WALTON WAY		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MELOVICH, MICHAEL		6.2 NAME				
STREET ADDRESS	9413 12TH ST.		6.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619		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 on an attachment with an address.

SIGNATURE: *Troy E. Surrency* TROY E SURRENCY 1-18-96 (813) 757-9508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)