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FILED

Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00176** (0)

1. Corporation Name

**THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1931 JAUDON ROAD  
DOVER FL 33527**

**1931 JAUDON ROAD  
DOVER FL 33527-5913**



3. Date Incorporated or Qualified **12/05/1983** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number **59-2384574** 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

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LASTINGER, G. OSCAR	
STREET ADDRESS	1931 JAUDON RD.	
CITY - ST - ZIP	DOVER FL 33527	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUMNER, WAYNE	
STREET ADDRESS	1105 THOMPSON RD.	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SURRENCY, TROY E	
STREET ADDRESS	9917 HIGHWAY 39 SOUTH	
CITY - ST - ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMESON, JOSEPH C.	
STREET ADDRESS	5305 S FARKAS RD.	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GATLYN, LLOYD L.	
STREET ADDRESS	6505 WALTON WAY	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELOVICH, MICHAEL	
STREET ADDRESS	9413 12TH ST.	
CITY - ST - ZIP	TAMPA FL 33619	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: *Troy E. Surrency* TROY E. SURRENCY - Sec/Treas. 3-7-97 813-737-4810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045672

CR2E037 (9/96)