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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90013 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00176

1. Corporation Name

THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.

Principal Place of Business

1931 JAUDON ROAD
DOVER FL 33527

Mailing Address

1931 JAUDON ROAD
DOVER FL 33527



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/05/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2384574	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

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
85	Zip Code

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

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	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 checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMNER, WAYNE	2.2 NAME	SUMNER, EMMETT D.
STREET ADDRESS	1205 MYRTLE RD	2.3 STREET ADDRESS	4815 GRAPE MYRTLE LANE
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	KALIBO, FL. 33594
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	THOMPSON, RAY	4.2 NAME	
STREET ADDRESS	7021 BIG BEND RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL 33570	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, GEORGE D	5.2 NAME	
STREET ADDRESS	10540 BROWNING RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL 33547	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID E	6.2 NAME	
STREET ADDRESS	9909 HARTER SMITH DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL 33547	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Troy E Surrency
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SURRENCY

4-2-99

813-237-3455

Date

Daytime Phone #

CR2E037- (1/198)