

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02455 (6)

1. Corporation Name

WATERS MEMORIAL GARDENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RIVERSIDE DRIVE  
PO BOX 458  
STEINHATCHEE FL 32359RIVERSIDE DRIVE  
PO BOX 458  
STEINHATCHEE FL 32359-0458

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/10/1984

3a. Date of Last Report

03/04/1996

4. FEI Number

59-2954139

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ NoWOOD, NELSON  
HIGHWAY #361  
PO BOX 458  
STEINHATCHEE FL 32359

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 ☐ DELETED  
MCCALL, LUCILLE  
BEACH RD, HWY 361 N/A  
STEINHATCHEE FL1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETED  
PATTERSON, WILLA DEEN  
BEACH RD PO BOX 322 N/A  
STEINHATCHEE FL2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETES  
HADDEN, LAURENCE  
STAR RT. BOX 53 N/A  
SALEM FL3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETEVD  
MILLS, ALBERT  
RIVERSIDE DR #12 ST N/A  
STEINHATCHEE FL4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETETD  
BENNETT, L.A.JR.  
RT. 3 BOX 330 N/A  
OLD TOWN FL5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETED  
MILLS, VIVIAN  
RIVERSIDE DR 12TH ST N/A  
STEINHATCHEE FL6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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:

L.A. Bennett Jr. Treasurer &amp; Director

Jan 22, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00000233

CR2E037 (9/96)