

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02455

1. Corporation Name

WATERS MEMORIAL GARDENS ASSOCIATION, INC.

Principal Place of Business

RIVERSIDE DRIVE
PO BOX 458
STEINHATCHEE FL 32359

Mailing Address

RIVERSIDE DRIVE
PO BOX 458
STEINHATCHEE FL 32359

FILED

Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90017 015 *****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/10/1984

4. FEI Number

59-2954139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOOD, NELSON
HIGHWAY #361
PO BOX 458
STEINHATCHEE FL 32359

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

TITLE D
NAME MCCALL, LUCILLE
STREET ADDRESS BEACH RD. HWY 361 N/A
CITY-ST-ZIP STEINHATCHEE FL

TITLE D
NAME PATTERSON, WILLA DEEN
STREET ADDRESS BEACH RD PO BOX 322 N/A
CITY-ST-ZIP STEINHATCHEE FL

TITLE S
NAME HADDEN, LAURENCE
STREET ADDRESS STAR RT. BOX 53 N/A
CITY-ST-ZIP SALEM FL

TITLE VD
NAME MILLS, ALBERT
STREET ADDRESS RIVERSIDE DR #12 ST N/A
CITY-ST-ZIP STEINHATCHEE FL

TITLE TD
NAME BENNETT, L.A. JR.
STREET ADDRESS RT. 3 BOX 330 N/A
CITY-ST-ZIP OLD TOWN FL

TITLE D
NAME MILLS, VIVIAN
STREET ADDRESS RIVERSIDE DR 12TH ST N/A
CITY-ST-ZIP STEINHATCHEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]* 1-20-99 352-542 7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)