

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N03845 (7)  
 1. Corporation Name

OUR LADY QUEEN OF PEACE CATHOLIC CEMETERY OF THE  
 E DIOCESE OF PALM BEACH, INC.



Principal Place of Business: 9995 N MILITARY TRAIL, PALM BEACH GARDENS FL 33410  
 Mailing Address: P.O. BOX 109650, PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 06/21/1984  
 3a. Date of Last Report: 07/10/1995  
 4. FEI Number: 59-2560485  
 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

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Country  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country  
 30. Country

9. Name and Address of Current Registered Agent  
 FITZGERALD, J. PATRICK  
 - 150 W FLAGLER ST., SUITE 2701  
 MIAMI FL 33130

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable): 110 Merrick Way  
 83. Ste 3B  
 84. City: Coral Gables FL 85. Zip Code: 33134

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SYMONS, J., KEITH	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VENGAYIL, THOMAS	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAWKINS, CHARLES	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, RICHARD	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: + *[Signature]* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 6-6-96 (561) 775-9500  
 Daytime Phone #

CR2E037 (3/96)