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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

8995 N MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

P.O. BOX 109650  
PALM BEACH GARDENS FL 33410-9650  
US

3. Date Incorporated or Qualified  
06/21/1984

3a. Date of Last Report  
06/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2560485

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK  
110 MERRICK WAY SUITE 3B  
CORAL GABLES FL 33134

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  DELETE  
NAME SYMONS, J., KEITH  
STREET ADDRESS P.O. BOX 109650, 9995 N MILITARY TRAIL  
CITY-ST-ZIP PALM BCH GARDENS FL

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

TITLE TD  DELETE  
NAME VENGAYIL, THOMAS  
STREET ADDRESS P.O. BOX 109650, 9995 N MILITARY TRAIL  
CITY-ST-ZIP PALM BCH GARDENS FL

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

TITLE SD  DELETE  
NAME HAWKINS, CHARLES  
STREET ADDRESS P.O. BOX 109650, 9995 N MILITARY TRAIL  
CITY-ST-ZIP PALM BCH GARDENS FL

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

TITLE D  DELETE  
NAME MURPHY, RICHARD  
STREET ADDRESS P.O. BOX 109650, 9995 N MILITARY TRAIL  
CITY-ST-ZIP PALM BCH GARDENS FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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:

*J. Keith Symons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Keith Symons

1/7/97

(561) 775-9500

Date

Daytime Phone # 0040836

CR2E037 (9/96)