

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 8995 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

4. FEI Number
59-2560485

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent

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

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 _____ (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	SYMONS, J., KEITH	1.2 NAME	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENGAYIL, THOMAS	2.2 NAME	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, CHARLES	3.2 NAME	SD
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	3.3 STREET ADDRESS	Michael Edwards
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	P.O. Box 109650, 9995 N Military Trail
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, RICHARD	4.2 NAME	
STREET ADDRESS	P.O. BOX 109650, 9995 N MILITARY TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* 1/14/98 (561) 775-9500

CP2E037 (10/97)