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**Mar 13, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N03845**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/21/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2560485</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FITZGERALD, J. PATRICK</b> <b>110 MERRICK WAY SUITE 3B</b> <b>CORAL GABLES FL 33134</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SYMONS, J., KEITH</b>	1.2 NAME	<b>O'Connell, Anthony</b>
STREET ADDRESS	<b>P.O. BOX 109650, 9995 N MILITARY TRAIL</b>	1.3 STREET ADDRESS	<b>PO BOX 109650, 9995 N Military Trail</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	1.4 CITY-ST-ZIP	<b>Palm Bch Gardens FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENGAYIL, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 109650, 9995 N MILITARY TRAIL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 109650, 9995 N MILITARY TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 109650, 9995 N MILITARY TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Kiland Hughes 1/8/99 (561) 775-9500*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (11/98)