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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10626 (2)

1. Corporation Name

QUITMAN CEMETERY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MITCHELL GIVENS
ROUTE 1, BOX 1090 HWY 127
P O BOX 300 32087-9700

C/O MITCHELL GIVENS
ROUTE 1, BOX 1090 HWY 127
P O BOX 300 32087-9700

3. Date Incorporated or Qualified
08/09/1985

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 N/A

26 N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 N/A

28 N/A

Zip

Country

Zip

Country

24 N/A

25

29 N/A

30

N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIVENS, MITCHELL
ROUTE 1, BOX 1090
HWY 127
SANDERSON FL 32087

81 Name N/A

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83 N/A

84 City

N/A

FL

85 Zip Code

N/A

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 D
NAME GIVENS, MITCHELL
STREET ADDRESS RT. 1 BOX 1090 HWY. 127
CITY-ST-ZIP SANDERSON FL

1.1 TITLE D
1.2 NAME ALDRIDGE, MARSHALL
1.3 STREET ADDRESS RAILROAD ST.
1.4 CITY-ST-ZIP OLUSTEE, FL

TITLE VD
NAME CASON, ARMETTI
STREET ADDRESS 3 MICHAEL CASM RD.
CITY-ST-ZIP OLUSTEE FL

2.1 TITLE D
2.2 NAME WILLIAMS, LUCIOUS
2.3 STREET ADDRESS 13913 WEST ST.
2.4 CITY-ST-ZIP GLEN ST. MARY, FL

TITLE D
NAME MARSHALL, ALDRIDGE
STREET ADDRESS RAILROAD ST.
CITY-ST-ZIP OLUSTEE FL

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

TITLE TD
NAME LUCIOUS, WILLIAMS
STREET ADDRESS 13913 WEST ST.
CITY-ST-ZIP GLEN ST MARY FL

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

TITLE SD
NAME FORD, EUGENE
STREET ADDRESS 145 JOHN DAVIS RD
CITY-ST-ZIP GLEN ST. MARY FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Mitchell Givens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96
Date Daytime Phone #

CR2E037 (12/95)