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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

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Mar	12	1998	8:00am
Se	cret	tary of	f State

1. Corporatio	on Name					
QUITMAN CEMETERY ASSOCIATION, INC.						
45,,,,,					A NACHINI DAN KARI KARI ARKA ARKA KARA DIKA DIKA BIBKI DIBKI DIBKI DIBKI BIBKI	
Principal Place of Business Mailing Address					L SAGINION BEN 21911 BANK BILIN HISTO BILL BIBLL BIBLL BIBLL BIBLL	1001
C/O MITCHELL GIVENS C/O MITCHELL GIVENS					3. Date Incorporated or Qualified	$\overline{}$
ROUTE 1, BOX 1090, HWY 127 ROUTE 1, BOX 1090, HWY 127				08/09/1985		
P O BOX 300	32087-9700	P O BOX 300 32087-9700			4. FEI Number Applied F	
İ					NOT APPLICABLE Not Appli	_
2. Principal P	Place of Business	2a. Mailing Address			C2 C0 75 Addition	
21		26			5. Certificate of Status Desired \$8.75 Addition Fee Required	iai
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
27 City & State City & State					Trust Fund Contribution Added to Fees	
City & Stat	le .	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28 Zip	Coun	hter.	☐ Yes ☐ No	
24	} 	— ·	30	шу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	·
24]	25 9. Name and Address of Curre	29 29 Agent	30 		10. Name and Address of New Registered Agent	
	•			81 Name		
GIVENS	, MITCHELL		ļ.,	DA Chrant (Address (D.O. Cou Ni sub as in Not Assemble)	
	1, BOX 1090		ľ	82 Street A	Address (P.O. Box Number is Not Acceptable)	
HWY 12			Ī	B3	· · · · · · · · · · · · · · · · · · ·	
	 RSON FL 32087		L,	P4 0%		
0, 1, 10 0				B4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the abo	ove-named	corporation submits this statement for the purpose of changing its regist	ered
office or r	re gistere d agent, or both, in the Stat Im fa miliar with, and accept the obli	e of Florida. Such change was a pations of, Section 617,0503. Fir	authorized orida Statu	by the corp ites.	corporation submits this statement for the purpose of changing its regist poration's board of directors. I hereby accept the appointment as registe	red
SIGNATURE		3				
	Signature, typed or printed name of registered a			Agent signature	required when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ALBBIDGE MARQUALL	☐ DELETE	1.1 TITL		☐ Change ☐ A	- 1
NAME	ALDRIDGE, MARSHALL		1.2 NAM	-		E037
STREET ADDRESS	RAILROAD ST			EET ADORESS		ŭ
CITY-ST-ZIP	OLUSTEE FL	DELETE		Y-ST-ZIP		idilion D
TITLE	D D					ן ואוואטנ –
NAME	WILLIAMS, LUCIOUS	- :	2.1 TITL		Change [] Ar	
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	13913 WEST ST		2.2 NAM 2.3 STRI	AE EET ADDRESS	L.J. Change L.J. Ar	
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Indicated on this annual report or supplied with this limit does not quality for the exemptor state in Section 11 Section 11 Section 11 Section 12 Statutes. Indicated on this annual report or supplied with this limit does not quality to the composition 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.