


FILE NOW: FILING FEE IS \$61.25

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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90090 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10626

1. Corporation Name

QUITMAN CEMETERY ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22		27		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip Country		29. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRIDGE, MARSHALL	1.2 NAME	
STREET ADDRESS	RAILROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OLUSTEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LUCIOUS	2.2 NAME	
STREET ADDRESS	13913 WEST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ALDRIDGE	3.2 NAME	
STREET ADDRESS	RAILROAD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLUSTEE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIOUS, WILLIAMS	4.2 NAME	
STREET ADDRESS	13913 WEST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, EUGENE	5.2 NAME	
STREET ADDRESS	145 JOHN DAVIS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	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

3-13-99

Date

Daytime Phone #

CR2E037 (11/98)