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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:28

DOCUMENT # **N11914** **(1)**

1. Corporation Name

BURK CEMETERY CORPORATION OF HOLDER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
963 E. VICTORIA LANE P.O. BOX 123 HOLDER FL 32645	963 E. VICTORIA LANE P.O. BOX 123 HOLDER FL 32645

3. Date Incorporated or Qualified: 11/06/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2706794 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 910 HARTSHORN LN.	26 # P.O. Box 41
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLDER, FL.	City & State 28 HOLDER, FL
Zip 24 34465 Country 25 Citrus	Zip 29 34465 Country 30 Citrus

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KEEBLER, WANDA A.
6981 N. SMITH TERRACE
POST OFFICE BOX 31
HOLDER FL 32645

10. Name and Address of New Registered Agent

81 Name: KATHY WELLS
82 Street Address (P.O. Box Number is Not Acceptable): 910 HARTSHORN LN.
83: P.O. Box 41 Unit
84 City: HOLDER FL 85 Zip Code: 34465

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kathy Wells KATHY WELLS 1-17-95
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	VD	1.1 TITLE	P ☑ Change ☐ Addition
NAME	MARTIN, MARGARET	1.2 NAME	William Sherouse
STREET ADDRESS	840 E VICTORIA LN.	1.3 STREET ADDRESS	7170 N. Golden Pt.
CITY-ST-ZIP	HOLDER FL	1.4 CITY-ST-ZIP	Hernando, FL 34442
TITLE	STD	2.1 TITLE	STD ☑ Change ☐ Addition
NAME	MARKHAM, L. CLARICE	2.2 NAME	KATHY WELLS
STREET ADDRESS	963 E VICTORIA LN.	2.3 STREET ADDRESS	910 HARTSHORN LN.
CITY-ST-ZIP	HOLDER FL	2.4 CITY-ST-ZIP	HOLDER, FL 34445
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	EVANS, DORA	3.2 NAME	DORA EVANS
STREET ADDRESS	7205 N. FLORIDA AVE.	3.3 STREET ADDRESS	7205 N. FLORIDA A.V.
CITY-ST-ZIP	HOLDER FL	3.4 CITY-ST-ZIP	HOLDER, FL 34445
TITLE	PD	4.1 TITLE	VD ☑ Change ☐ Addition
NAME	KEEBLER, WANDA A.	4.2 NAME	Gene Sherouse
STREET ADDRESS	6981 N. SMITH TERRACE	4.3 STREET ADDRESS	4149 E. Fort Apache Pl Box 756
CITY-ST-ZIP	HOLDER FL	4.4 CITY-ST-ZIP	Dunnellon, FL 34430
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Kathy Wells KATHY WELLS 1-17-95 904-489-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073878