FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11914

1. Corporation Name

BURK CEMETERY CORPORATION OF HOLDER, INC.

| Principal Place of Business |
|-----------------------------|
| 910 HARBHORN LN. |
| HOLDER FL 34445 |
| us |

2. Principa Place of Business

21

Mailing Address

#P.O. BOX 41 HOLDER FL 34445

2a. Mailing Address

26

FILED Apr 26, 1999 8:00 am § Secretary of State

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3. Date Ir corporated or Qualifed

11/06/1985

| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | , etc. | | | 4. FEI Number | | Ap | lied For | |
|--|--|-------------------------------|------------------|----------|---|--|--------------|------------------------|------------|--|
| 27 | | | | | 59-2706794 | | No | Applicable | | |
| City & State | е | City & State | City & State | | | 5. Certificate of Status Desired | | \$8.75 A Fee Re | | |
| Zip | Courtry | Zip | Co | ountry | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| · | [25] | 29 | 30 | - | | Trust Fund Contribution | | Added to | | |
| 24 | 9. Name and Address of Curre | | 1,00 | | | 10. Name and Address of New F | Registered | Agent | | |
| | | | | 81 | Name | | | _ | | |
| MITH O MATLEY | | | | | Ot A A -1 -1 - | (D.O. Box Number is Not Assert | able) | | | |
| WELLS, KATHY 910 HARTSHORN LANE POST OFFICE BOX 31 HOLDER FL 34465 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | City | | FL | 85 Zip 0 | ode | |
| | | 500 and 617 1509 Flori | da Stati tec the | ahove | named come | oration submits this statement for the | purpose of | changing its | registered | |
| office or s | egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florida, Such char | ine was authoriz | ed by | tne corboratic | on's board of directors. I hereby accept | от ше арро | intment as reg | gistered | |
| SIGNATURE | Signature, typed or printed n ϵ me of registered as | gen: and title if applicable. | | | t signature required | | DATE | ID DIDECTO | 00.111.40 | |
| 12. | | ND DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OF | FICERS A | Change | Addition | |
| TITLE | P | | ELETE 1.1 | TITLE | | | | Citange | ☐ Vôginoù | |
| NAME | SHEROUSE, WILLIAM | | 1.2 | NAME | | | | | | |
| STREET ADDRESS | 7170 N. GOLDEN PT. | | 1.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | HERNANDO FL | | | CITY-S1 | r-ZIP | | | | T Addition | |
| TITLE | STD | | ELETE 2.1 | TITLE | | | | Change | Addition | |
| NAME | Wells, Kathy | | 2.2 | NAME | | | | | | |
| STREET ADDRESS | 910 HARTSHORN LN. | | 2.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | HOLDER FL | | 2.4 | CITY-S | T-ZIP | | | | | |
| TITLE | D | | ELETE 3.1 | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | EVANS, DORA | | 3.2 | NAME | | | | | | |
| STREET ADDRESS | 7205 N. FLORIDA AVE. | | 3.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | HOLDER FL | | 3.4 | . CITY-S | T-ZIP | | | | | |
| TITLE | VD | | ELETE 4.1 | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | SHROUSE, GENE | | 4.3 | 2 NAME | | | | | | |
| STREET ADDRESS | 4149 W. FORT APACHE PL E | 30X 756 | 4.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | DUNNELLON FL | | 4,4 | CITY-S | T-ZIP | | | | | |
| TITLE | | | ELETE 5.1 | TITLE | | | | Change | ☐ Addition | |
| NAME | | | 5.2 | NAME | | | | | | |
| STREET ADORESS | | | 5.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 | CITY-S | T-ZIP | | | | | |
| TITLE | | | ELETE 6.1 | TITLE | | | | Change | ☐ Addition | |
| NAME | | | 6.2 | NAME | | | | | | |
| STREET ADDRESS | | | 6.3 | STREET | ADDRESS | | | | | |
| | ļ | | 6.4 | CITY-S | T-ZIP | | | | | |
| CITY-ST-ZIP | certify that the information supplied | with this filing does not | | | | Section 119.07(3)(i), Florida Statutes. | I further ce | rtify that the i | formation | |

mouse of our first annual report or supplemental annual report is use and accurate and that my signature shall have the same legal effect as it made under oam, that I am at 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 change 1, or/on an attachment with an address, with all other like empowered.

SIGNATURE: