

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 416-96 B-3987 C

DOCUMENT # **N13828** (1)
1. Corporation Name
ANTIOCH CEMETERY, INC.



Principal Place of Business: C/O BENJAMIN F. ROGERS, 2441 S KISSENGEN AVENUE, BARTOW FL 33830-6998
Mailing Address: C/O BENJAMIN F. ROGERS, 2441 S KISSENGEN AVENUE, BARTOW FL 33830-6998

3. Date Incorporated or Qualified: **03/14/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 c/o Darlene R. Mills, 22 Suite, Apt. #, etc., 23 Bartow, FL 33830, 24 Zip, 25 Country
2a. Mailing Address: 26 1795 Emerson Avenue, 27 Suite, Apt. #, etc., 28 Bartow, FL 33830, 29 Zip, 30 Country

4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROGERS, BENJAMIN F.
2441 S KISSENGEN AVENUE
BARTOW FL 33830**

10. Name and Address of New Registered Agent
81 Name: **James H. Rogers**
82 Street Address (P.O. Box Number is Not Acceptable): **1207 34th Avenue, East**
83 City, State, Zip: **Bradenton, FL 34208**
84 City: **Bradenton**, 85 Zip Code: **FL 34208**

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: *James H. Rogers* James H. Rogers, DATE: **3/20/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, BENJAMIN F.	
STREET ADDRESS	2441 S. KISSENGEN AVE.	
CITY - ST - ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES H.	
STREET ADDRESS	1203 34TH AVENUE EAST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLS, DARLENE ROGERS	
STREET ADDRESS	1795 EMERSON AVE.	
CITY - ST - ZIP	BARTOW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGERS, JAMES C.	
STREET ADDRESS	9912 25TH STREET	
CITY - ST - ZIP	PARRISH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1207 34th Avenue, East
2.4 CITY - ST - ZIP	Bradenton, FL 34208
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Darlene R. Mills* Darlene R. Mills, Sec. 4/10/96 941/533-5046
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)