## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13828 (1)						
ANTIOCH CEMETERY, INC.				) I maningi and maga liya) (and high yani atah atah atah atah atah atah atah ata		
Principal Place	e of Business	Mailing Address				
1795 EMERSON AVE BARTOW FL 33830-6998 BARTOW FL 33830-6998 US US					3. Date Incorporated or Qualified  03/14/1986  4. FEI Number Applied For	
					NOT APPLICABLE Not Applicable	
2. Principal Place of Business 2a. Mailing Address 2f 26					Certificate of Status Desired	
Sulte, Apl.	Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22					Trust Fund Contribution Added to Fees	
City & State	City & State City & State				7. Is this nonprofit corporation a homeowners association?  Yes X No	
Zip	Country	Zip	Country	•	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			61	Name	6	
JAMES H. ROGERS 62 S				Street	at Address (P.O. Box Number is Not Acceptable)	
1207 34TH AVE, EAST				ļ		
BRADENTON FL 34208			83	}		
			84	City	FL 85 Zip Code	
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.						
I	rn tamiliar with, and accept the obligal	ions of, Section 617.0503, Fl	orida Statutet • T.	s. RMGC	s H. Rogers	
SIGNATURE _	Signature, typed or printed name of registered agent	and tille if applicable. (NOT			xe required when reinstating)  DATE	
12.			13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	X DELETE	1.1 TITLE		President/Director	
NAME	ROGERS, JAMES H. 12		1.2 NAME		Rogers, James H.	
STREET ADDRESS	1207 34TH AVENUE, EAST		1.3 STREET	ADDRESS		
CITY-ST-ZIP	BRADENTON FL			T-ZIP	Bradenton, FL	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	MILLS, DARLENE ROGERS		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		5	
CITY-ST-ZIP	BARTOW FL	Liberte	2.4 CITY-1	ST-ZIP		
TITLE	TD DOOFDS HAVES S	DELETE	3.1 TITLE		Change J Addition	
NAME	ROGERS, JAMES C. 9912 25TH STREET		3.2 NAME	******		
STREET ADDRESS	PARRISH FL		3.3 STREET		<sup>7</sup>	
CITY-ST-ZIP TITLE	PARNISH PL	DELETE	3.4. CITY-5	SI · ZIP	Vice-President/Director Change X Addition	
NAME			4. 2 NAME		Vice-President/Director Change	
STREET ADDRESS			4.3 STREET	ADDRESS	4241 Sunny View Drive	
CITY-ST-ZIP			4.4 CITY-S		Lakeland, FL 33813	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADORESS	; (	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	s	
CITY-ST-ZIP			6.4 CITY - S	T-71P	]	

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.

SIGNATURE

Julene & Mills Darlene R. Mills, Secretary

2/2/98941/5836

**FILED** 

Mar 02 1998 8:00am

Secretary of State

R2E037 (10/97