## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 **DOCUMENT # N13828** 

ANTIOCH CEMETERY, INC.

Principal Place of Busin
1795 EMERSON AVE
BARTOW FL 33830-6998
US

Mailing Address

2a Mailing Addross

1795 EMERSON AVE BARTOW FL 33830-6998 US



03-04-1999 90232 007 \*\*\*\*61.25



3. Date Incorporated or Qualifed

<del>.</del>	lace of business	26	· Manning Fragress				03/14/1986			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number		A	plied For
¬ •••••							NOT APPLICABLE		— <del>—</del>	t Applicable
City & Stat	e		City & State				5. Certifcate of Status Desired			Additional equired
Zip	Country	28	Zip Count			<del></del>	6. Election Campaign Financing			May Be
¬ ·	25	29	3	<del></del>			Trust Fund Contribution	' <sub>□</sub>	•	to Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
<del></del>		¥	<del>-</del>		81	Name			-	
IANCE II DOCEDE					82	Circot Addr	ess (P.O. Box Number is Not Accep	stable)		
JAMES H. ROGERS					02	Street Addit	ess (F.O. Box (volitibe) is Not Accep	idable)		
1207 34TH AVE, EAST BRADENTON FL 34208					83				-	
DRADENIC	JN FL 34200			ļ					OF 7in	Cada
				Ì	84	City		F	L 85 Zip	Code
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Flori ons of	da. Such change was aut f, Section 617.0503, Florid	norized Ia Statu	by t ites.	the corporatio	on's board of directors. Thereby acc	e purpose ept the app	of changing its pointment as re	s registered egistered
	Signature, typed or printed name of registered agent a			egistered /	Agent	signature required	d when reinstating)  ADDITIONS/CHANGES TO C		AND DIRECTO	DRS IN 12
12.	OFFICERS AND	DIR	DELETE	1.1 111	1 =		ADDITIONOI OF TAXABLE TO S	····	☐ Change	Addition
TITLE	PD (AMEC II			1.2 NA						_
NAME	ROGERS, JAMES H					ADDRESS				•
	1207 34TH AVENUE, EAST									
CITY-ST-ZIP	BRADENTON FL		[] DELETE	2.1 TIT		-217			Change	Addition
TITLE	SD NADIENE DOCEDO		E. J DECE 12	2.2 NA					····· ·	_
NAME	MILLS, DARLENE ROGERS 1795 EMERSON AVE.					ADDRESS				
				2.4 CF						
CITY-ST-ZIP	BARTOW FL		DELETE	3.1 TIT		1-219		···	☐ Change	Addition
	DOCEDS JAMES C		C) occerc	3.2 NA		ļ			_ ,	<del></del>
NAME	ROGERS, JAMES C. 9912 25TH STREET			1		ADDRESS				
	PARRISH FL			3.4. CI						
CITY-ST-ZIP	VPD		[] DELETE	4.1 TIT		1-21			☐ Change	Addition
NAME	BROWN, KARLA ROGERS			4. 2 NA						
	4241 SUNNY VIEW DRIVE					ADDRESS			•	
CITY-ST-ZIP	LAKELAND FL 33813			4.4 CIT						
TITLE	ENLESIO I E 00010		☐ DELETE	5.1 TIT		-			Change	Addition
NAME				5.2 NA						
STREET ADDRESS				5.3 ST	REET	ADDRESS				
				5.4 CIT	Y-ST	-ZIP				
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT	LE				Change	Addition
NAME				6.2 NA	ME					
				6.3 ST	REET	ADDRESS				
STREET ADDRESS	']			6.4 CM						

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: