NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State
05-12-2003 90206 033 ****61.25

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DOCUMENT # N17216

1. Entity Name: Verdie Cemetery Association, Inc.

DO NOT WRITE IN THIS SPACE

55048094

2. Principal Place of Business	3. Mailing Address
13696 US Hwy 301	13696 US Hwy 301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bryceville, FL	City & State: Bryceville FL
Zip: 32009 Country: Nassau	Zip: 32009 Country: Nassau

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592960720 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gary Baker

Street Address (P.O. Box Number is Not Acceptable): 5442 Green Avenue

City: Callahan FL Zip Code: 32011

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres. D
NAME	Donald H. Surrency
STREET ADDRESS	13871 US Hwy 301
CITY-ST-ZIP	Bryceville, FL 32009
TITLE	V. Pres. D
NAME	Bailey M. Boyd
STREET ADDRESS	11406 Boyd Lane
CITY-ST-ZIP	Bryceville, FL 32009
TITLE	Sec/Treas. D
NAME	Betty W. Zeorlin
STREET ADDRESS	13696 US Hwy 301
CITY-ST-ZIP	Bryceville, FL 32009
TITLE	
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CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty W. Zeorlin Betty W. Zeorlin 5-8-03 904-879-3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #