


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N21847** (1)

1. Corporation Name

PATTERSON COMMUNITY CEMETERY, INC.

Principal Place of Business

Mailing Address

**6009 S.W. 63RD BLVD.
GAINESVILLE FL 32608-4856**

**6009 S.W. 63RD BLVD.
GAINESVILLE FL 32608-4856**

3. Date Incorporated or Qualified
08/03/1987

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, HENRY MR.
6009 S.W. 63RD BLVD.
GAINESVILLE FL 32608-4856**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Henry Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **MOORE, HENRY**
STREET ADDRESS **6009 S.W. 63RD BLVD.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ DELETE

NAME **HARRIS, MARY F.**
STREET ADDRESS **6100 SW 34TH ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☐ DELETE

NAME **THOMAS, WILLIE MAE**
STREET ADDRESS **5702 SW 63RD PL.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ASD** ☐ DELETE

NAME **GREEN, CARRIE C.**
STREET ADDRESS **1103 NW 74TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☐ DELETE

NAME **SCOTT, ROBERT**
STREET ADDRESS **ROUTE 23, BOX 528**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ATD** ☐ DELETE

NAME **RUTH, RUTH C.**
STREET ADDRESS **5116 SW 56TH LANE**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

Henry Moore

4-18-97

CR2E037 (9/96)