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Aug 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21847

1. Corporation Name
PATTERSON COMMUNITY CEMETERY, INC.

Principal Place of Business 6009 S.W. 63RD BLVD. GAINESVILLE FL 32608-4856	Mailing Address 6009 S.W. 63RD BLVD. GAINESVILLE FL 32608-4856
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/03/1987	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MOORE, HENRY <i>Decersed</i> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, HENRY	1.2 NAME	<i>Leafus Thomas Jr</i>
STREET ADDRESS	6009 S.W. 63RD BLVD.	1.3 STREET ADDRESS	<i>5831 S.W. 63rd Pl</i>
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	<i>GAINESVILLE FL 32608</i>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARY F.	2.2 NAME	
STREET ADDRESS	6100 SW 34TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WILLIE MAE	3.2 NAME	
STREET ADDRESS	5702 SW 63RD PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CARRIE C.	4.2 NAME	<i>Janeie Vinson</i>
STREET ADDRESS	1103 NW 74TH AVE.	4.3 STREET ADDRESS	<i>5350 SW 6th Ave</i>
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	<i>GAINESVILLE, FL 32608</i>
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ROBERT	5.2 NAME	<i>ELaine M. Lamar</i>
STREET ADDRESS	ROUTE 23, BOX 526	5.3 STREET ADDRESS	<i>6009 SW 63rd Ave</i>
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	<i>GAINESVILLE, FL 32608</i>
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH, RUTH C.	6.2 NAME	
STREET ADDRESS	5116 SW 56TH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leafus Thomas Jr 2-17-99 322-9769
 Date Daytime Phone #

CR2E037 (11/98)

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