FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N25143

(1)

LESSIE COMMUNITY CEMETERY ASSOCIATION, INC.											
Principal Flace o	of Business		Mailin	g Address				18811181 818 11881 81181 11811 B1818	**** ***** ****		
% MAFREITE	COSTON-CO	OOPER'S NECK	% k	MAEBELLE COSTO	N-COOPER'	S NE	CK				
% MAEBELLE COSTON-COOPER'S NECK RT. 1 BOX 284 HILLIARD FL 32046				RT. 1 BOX 284 Hilliard FL 32046					0	0.041	not Bonort
			HILL					3. Date Incorporated or Qualified 03/02/1988	3a. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1995		
								4. FEI Number		U-1/20	Applied For
2. Principal Pla	. Principal Place of Business			2a. Mailing Address				NOT APPLICABLE	Not Applicable		
				Suite, Apt. #, etc.					\$8.75 Additional		
Suite, Apt. #, etc. 1			├ ──1	27				Certificate of Status Desired	of Status Desired Fee Required		
City & State				City & State			6. Election Campaign Financing \$5.00 May Be				
City & State			28	 				Trust Fund Contribution			ided to Fees
Zip Country			— — — — — — — — — — — — — — — — — — —			ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
4		25	29		30	т —		Florida Statutes L. 10. Name and Address of New Re			
	9. Name	and Address of Cu	rrent Register	red Agent		81	Name	TO. Name and Address of Mest			
						Ľ					
	n, maebei	LLE				82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
	RS NECK					83					
RT 1 BOX 284										11	Za Codo
HILLIARI	D FL 3204	6				84	City		FL	85	Zip Code
					4 - 4b a ab	1	nomed come	oration submits this statement for the pur and of directors. I hereby accept the appo		anging	its registered offic
SIGNATURE 12. TITLE	Signature, type	d or printed name of registured OFFICERS	AND DIRECT		13		133223001	ed which reinstaining' ADDITIONS/CHANGES TO OFF		DIRE Chai	
		MAN, GUS		_	1.2	NAME					
NAME STREET ADDRESS		BOX 287,LESSIE R	D.		13	STREE	T ADDRESS				
CITY-ST-ZIP	HILLIA				14	CITY-	SI-ZIP			<u> </u>	nge 🔲 Addition
TITLE	D			DELETE	2 1	TITLE				☐ Cha	nge 🗀 Addition
NAME	COST	on, maebelle				NAME					
STREET ADDRESS	RT. 1	BOX 284,COOPER	S LN				T ADDRESS				
CITY - ST - ZIP	HILLIA	RD FL		FIRE			-ST-ZIP			Cha	nge Addition
TITLE	T			DELETE		TITLE				_	
NAME	MITCH	IELL, MAJOR				NAME	ET ADDRESS				
STREET ADDRESS		BOX 284 COOPER	IS LN				·ST-ZIP				
CITY-ST-ZIP	HILLIA	HU FL		DELETE		TITLE	31 En			Cha	ange 🔲 Addition
TITLE					4.	2 NAM	E				
NAME OTDEET ACCIDENCE					4:	STRE	ET ADDRESS				
CITY-ST-ZIP	1				4.	CITY	-ST-ZIP				anna Addisin
TITLE				DELETE	5	TITLE				Ch.	ange 🔲 Addition
NAME					5	2 NAMI	E				
STREET ADDRESS					5	3 STRE	ET ADDRESS				
CITY-ST-ZIP	L						- ST- ZIP			Ch	ange
TITLE				DELETE		1 TITLE					
NAME						2 NAM					
STREET ADDRESS						4 CITY	ET ADDRESS				
CITY-ST-ZIP	1	at the information a	onlind with this	filino is voluntarily			-ST-ZIP oes not qualif	y for the exemption stated in Section 119 urate and that my signature shall have th	9.07(3)(k), F	lorida	Statutes. I further
14. I do here certify th	eby certify that the	nation indicated on thi	is annual repor	t or supplemental	annual repo	ort is	true and acci	y for the exemption stated in Section was urate and that my signature shall have th this report as required by Chapter 617, f	Iorida Stat	ai effec utes; a	as if made unde nd that my name
						· · Cl d	o to execute	min robour no rodounes - Visitability and I	904		
annears	in Block 12	or Block 13 if change	ed, or on an att	achment with an i	address.				907		د ست
appears	In Block 12	or Block 13 if change	ed, or on an att	achment with an a	aduress.			4-6-96	907	43	1414