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Apr 21, 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

DOCUMENT # N26773

1. Corporation Name

APOPKA MEMORIAL CEMETERY, INC.

Principal Place of Business

C/O MARVIN YARBOUGH  
229 W. 16TH STREET  
APOPKA FL 32703

Mailing Address

C/O MARVIN YARBOUGH  
229 W. 16TH STREET  
APOPKA FL 32703



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/03/1988

4. FEI Number

59-2948379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

YARBOUGH, MARVIN  
229 W. 16TH STREET  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

Marvin Yarboough

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

229 W. 16th Street

83

84 City

Apopka

FL

85 Zip Code

32703

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

*Marvin Yarboough*

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

(If N/A, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME YARBOUGH, MARVIN  
STREET ADDRESS 229 W. 16TH STREET  
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE STD  
NAME YARBOUGH, RUTHIE A.  
STREET ADDRESS 229 W. 16TH STREET  
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE D  
NAME SMALL, ANITA  
STREET ADDRESS 502 LAKE BRIDGE RD.  
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director

☐ Change

☒ Addition

1.2 NAME

Kelvin Yarboough

1.3 STREET ADDRESS

229 W. 16th Street

1.4 CITY-ST-ZIP

Apopka FL

☐ Change

☐ Addition

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Marvin Yarboough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_ (11/98)