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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 15 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N29163 (5)

1. Corporation Name

LAKE MARY CEMETERY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O OTTIS SJOBLUM
271 LAKESHORE DRIVE
LAKE MARY FL 32746

C/O OTTIS SJOBLUM
271 LAKESHORE DRIVE
LAKE MARY FL 32746

3. Date Incorporated or Qualified
11/07/1988

3a. Date of Last Report
03/08/1995

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

4. FEI Number

59-1992162

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SJOBLUM, OTTIS
271 LAKESHORE DRIVE
LAKE MARY FL 32746

81 Name

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

300002566163--6

83

-06/19/98--01105--004

84 City

****358.75

****358.75

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 *Ottis SjoBlum*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-4-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SJOBLUM, OTTIS
STREET ADDRESS 271 LAKESHORE DR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ DELETE

NAME RICE, EVELYN
STREET ADDRESS 243 N. COUNTRY CLUB DR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE VD ☐ DELETE

NAME SJOBLUM, ALFRED
STREET ADDRESS 127 W. LAKE MARY AVE.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ DELETE

NAME O'CONNOR, CLAIRE E.
STREET ADDRESS 227 CLERMONT RD.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE STD ☐ DELETE

NAME DURYEA, MARY JANE
STREET ADDRESS 235 CLERMONT RD.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ottis SjoBlum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-98

Date

Daytime Phone #

CR2E037 (12/95)