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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29163

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 MARY JANE DURYEA  
116 E. CRYSTAL LAKE AVE.  
LAKE MARY FL 32746



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/07/1988

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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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:

MARY JANE DURYEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)