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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N317

(8)

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Jan 22 1998 8:00am	1
Secretary of State	

ANTIO	CH CEMETERY MEMORIAL	FUND, INC.						
Principal Place of Business Mailing Address C/O TERRY MCDAVID 128 SOUTH HERNANDO STREET LAKE CITY FL 32055 Mailing Address C/O TERRY MCDAVID 128 SOUTH HERNANDO STREET LAKE CITY FL 32055						- I INDIEEDI UNU IIIDE FISEE LUUSU IIUII BOIE D	LELI MINIT DINIE NA	ISI BIDII BIEN TREI
						3. Date Incorporated or Qualified 04/14/1989 4. FEI Number 50-0160061	-	Applied For
2. Principal P	Tace of Business	2a. Mailing Address 26				5. Certificate of Status Desired	1	75 Additional Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.0	0 May Be
City & State	е	City & State				7. Is this nonprofit corporation a home		
23		28				☐ Ye		
Zip	Country	Zip		untry		8. This corporation owes or has paid the		
24	25	t Begistered Agent	30			Personal Property Tax due June 30.	Yes	L No
	9. Name and Address of Curren	i negistered Agent		81	Name	10. Name and Address of New Regist	ereu Agent	
MODALI	D. TERRY							
	D, TERRY JTH HERNANDO STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TY FL 32055			83				
				84	City		FL 85 2	Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 617,0502 registered agent, or both, in the State on familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was atlens of Section 617.0503. F	ites, the a	bove-	named corporation	oration submits this statement for the purpoon's board of directors, I hereby accept the	ose of changir a appointment	ng its registered t as registered
SIGNATURE			iorica Sia	iiuies.				
SIGNATURE	Signature, typed or printed name of registered ager					ed when reinstating) D	ATE	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND	nt and title if applicable. (NC	TE: Registere	ad Ageni			ATE S AND DIRECT	FORS IN 12
SIGNATURE _ 112. TITLE	Signature, typed or printed name of registered age: OFFICERS AND	nt and titls if applicable. (NC	TE: Registere 13.	ad Ageni		ed when reinstating) D	ATE	FORS IN 12
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indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report of 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.

IGNATURE: Mary SENATURE/REQ 29950, 25.

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