

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90066 005 \*\*\*\*61.25

DOCUMENT # N31720

1. Entity Name

ANTIOCH CEMETERY MEMORIAL FUND, INC.



Principal Place of Business

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

TERRY McDAVID  
178 SE HERNANDO AVE  
LAKE CITY, FL  
32025 Columbia

3. Mailing Address

c/o TERRY McDAVID  
178 SE HERNANDO AVE  
LAKE CITY, FL  
32025 Columbia

City & State  
LAKE CITY, FL

City & State  
LAKE CITY, FL

4. FEI Number 50-0160061

Applied For  
Not Applicable

Zip Country  
32025 Columbia

Zip Country  
32025 Columbia

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDAVID, TERRY  
128 SOUTH HERNANDO STREET  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name TERRY McDAVID  
Street Address (P.O. Box Number is Not Acceptable) 178 SE HERNANDO AVE  
City LAKE CITY FL Zip Code 32025

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CELLON, BILL	
STREET ADDRESS	P.O. BOX 77	
CITY-ST-ZIP	LA CROSSE FL 32658	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLSON, MARY LOUISE	
STREET ADDRESS	PO BOX 177	
CITY-ST-ZIP	LACROSS FL 32658	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCDAVID, HAROLD	
STREET ADDRESS	6119 WEST BLVD	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY LOUISE COLSON

1-27-03 386.42.175

CR2E037 (10/02)