FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # N3393	32 (7)				
THE K	INSEY CEMETERY FUND,	INC.				
Principal Place	e of Business	Mailing Address			. 01 8:01 0:01 0:04 0:04 0:01 0:01 0:01	
ROUTE 1. BOX 233-D MONTICELLO FL 32344		ROUTE 1. BOX 233-D MONTICELLO FL 32344				
				3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last Report 02/20/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	59-2966531	Not Applicable	
22		27;		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 Nav. Ba	
23		28		Trust Fund Contribution	Added to Fees	
7ip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for int	tangible tax under s. 199.032, Yes No	
	9. Name and Address of Curre	1	30	10. Name and Address of New Re		
			81 Name			
COOK, MARGIE HOLLAND ROUTE 1, BOX 233-D MONTICELLO FL 32344			82 Street Add	Strent Address (P.O. Box Number is Not Acceptable)		
			83			
			B4 City		85 Zip Code	
11. Pursuant t	to the provisions of Sections 617 050	2 and 617 1508. Florida Statut	as the above period corne	rotion autorita this at the state of the	FL S ZP COOF	
or register	ed agent, or both, in the State of Flor	ida. Such change was authoriz	es, the above harried corpo ed by the corporation's boa	ration submits this statement for the purpor and of directors. I hereby accept the appoin	ose of changing its registered office of the standard agent. I am	
SIGNATURE (and accept the obligations of per	1017 1 1.0505, Florida Statutes	i.	2.10	0-96	
SIGNATURE (Signature: typed or printed hame of registered ages	Land the Papplicane (NO	TE Registered Agent signature require	ed when renistating	DATE / 10	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
THILE	D	DELETE	1 1 TITLE		Change Addition	
NAME	COOK, MARGIE HOLLAND		1.2 NAME			
STREET ADDRESS	ROUTE 1, BOX 233-D		1.3 STREET ADDRESS			
City - ST - ZiP Trtle	MONTICELLO FL D	MOELETE	1.4 C(TY - ST - Z(P 2.1 TITLE		Chance Datables	
NAME	COOK, EVELYN E. (EVE)	Dittert	2 2 NAME		Change Addition	
STREET ADDRESS	ROUTE 1, BOX 233-D		2.3 STREET ADDRESS			
CITY-ST ZIP	MONTICELLO FL		2 4 CITY-SI-ZIP			
TITLE	D	DELETE	3 1 TITLE		Change Addition	
NAME	HOLLAND, CURTIS RAY		3 2 NAME			
STREET ADDRESS	2441-A TALCO HILLS		3 3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		34 City-St-ZiP			
THILE		DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			4 2 NAME			
CITY - ST - ZIP			4.3 STREET ADDRESS			
TITLE		DELETE	4.4 C(TY+ST-Z)P 5.1 TITLE		Change Addition	
NAME			5.2 NAME		Change C Audition	
STREET ACORESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY-ST-ZIP			
THILE		DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADORESS			
CITY-ST-ZIP	u andifi. that the information and it is	Sell all a free and a	6 4 CITY - ST - ZIP			
certify that	y certify that the information supplied the information indicated on this ann	with this hing is voluntarily furnial report or supplemental and	ished and does not qualify f	or the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further	

oath: that I am an officer or discording a theory 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 5 if changed, or on an attachment with an address

SIGNATURE:

2-10-96 904-997-8317