


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35382** (3)
1. Corporation Name
**GLENDAL PRESBYTERIAN CHURCH CEMETERY ASSOCIATIO
N, INC.**

Principal Place of Business 9218 STATE HWY 83 DEFUNIAK SPRINGS FL 32433 US	Mailing Address 9218 STATE HWY 83 DEFUNIAK SPRINGS FL 32433 US
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3. Date Incorporated or Qualified 11/21/1989	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMS, PEGGY H.
119 KEY HAVEN RD.
DEFUNIAK SPRINGS FL 32433**

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 Peggy H. Sims Peggy H. Sims 4-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	BAKER, JOSEPH S	
STREET ADDRESS	4594 STATE HWY 83	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	COC	<input type="checkbox"/> DELETE
NAME	TUCKER, MARTIN	
STREET ADDRESS	305 RALEY RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, DON	
STREET ADDRESS	170 ANDY NOLWING RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAY, W.A.	
STREET ADDRESS	301 RAY RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SIMS, PEGGY H	
STREET ADDRESS	119 KEY HAVEN RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Peggy H. Sims - Peggy H. Sims - 4-20-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010007

CR2E037 (10/97)