

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90074 014 \*\*\*\*61.25

0010350

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N35382**

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

\* 3 5 1 3 3 8 \*  
351338 - 90074 - 14



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

11/21/1989

4. FEI Number

NOT APPLICABLE

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

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

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 Peggy H. Sims

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

(NOTE: Registered Agent signature required when reinstating)

Peggy H. Sims

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **BAKER, JOSEPH S**  
STREET ADDRESS **4594 STATE HWY 83**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **COC** ☐ DELETE  
NAME **TUCKER, MARTIN**  
STREET ADDRESS **305 RALEY RD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **LEWIS, DON**  
STREET ADDRESS **170 ANDY NOLWING RD**  
CITY-ST-ZIP **DEFUNIAK SPIRNGS FL**

TITLE **D** ☐ DELETE  
NAME **RAY, W.A.**  
STREET ADDRESS **301 RAY RD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **ST** ☐ DELETE  
NAME **SIMS, PEGGY H**  
STREET ADDRESS **119 KEY HAVEN RD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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: Peggy H. Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (850) 859-2371

Date

Daytime Phone #

CR2E037 (1/98)