FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45428

1. Corporation Name

SOUTHSIDE OAK GROVE CEMETARY, INC.

Principal Place of Business POST OFFICE BOX 497 UMATILLA FL 32784

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

POST OFFICE BOX 497 UMATILLA FL 32784

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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FILED Mar 09, 1999 8:00 am Secretary of State

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XX

X Applied For

\$8,75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed 09/30/1991

5. Certificate of Status Desired

4. FEI Number

59-6963022

Zip	Country	Zip		Country			mpaign Financing	□ -	\$5.00 I		
24	25	29	30			Trust Fund	Contribution		Added to	Fees	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81	Name					1	
CUNNING	HAM ID				Ot -4 A I A	O O Day Nor	har in Nat Assentab	lo)			
				82	Street Addr	ess (P.O. Box Nuit	ber is Not Acceptab	10)		. (
	URCH STREET			83							
UMATILLA	FL 32/84			-							
				84	City	-	-	FL	85 Zip C	ode	
							atatament for the n		hanging its	registered	
11. Pursuant	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of	ind 617.1508, Flo Florida: Such cha	rida Statutes, i nge was autho	ine above orized by	r-named corp the corporation	oration submits the on's board of direct	ors. I hereby accept	the appoin	tment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 617	.0503, Florida	Statutes.		•	,	.,			
SIGNATURE						_				1	
GIOIWITORE	Signature, typed or printed name of registered agent ar		(NOTE: Reg		t signature require	d when reinstating)		DATE	DIDECTO	20.47.42	
12.	OFFICERS AND			13.		ADDITIONS	CHANGES TO OFFI	CERS ANI			
TITLE	D	Ц	DELETE	1.1 TITLE					Change	Addition \	
NAME	GAINEY, WILLIE		•	1.2 NAME	[, ,				{	
STREET ADDRESS	38637 CHURCH STREET			1.3 STREET	ADDRESS					ļ	
CITY-ST-ZIP	umatilla fl		•	1.4 CITY-ST	-zip (
TITLE	D		DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME	CUNNINHAM, J.D.		- 1	2.2 NAME	l					1	
STREET ADDRESS	ATARE CHUIDOUL CENEET			2.3 STREET	ADDRESS					1	
	UMATILLA FL			2. 4 CITY-S	T. ZIP					{	
CITY-ST-ZIP	D		DELETE	3.1 TITLE					Change	Addition	
NAME	CARROLL, BERTHA M.	_		3.2 NAME	Į		· ·		,	1	
	38625 MARSHALL STREET			3.3 STREET	Anopess					1	
STREET ADDRESS	UMATILLA FL			-	1					ļ	
CITY-ST-ZIP			DELETE	3.4. CITY-S 4.1 TITLE	1-211				Change	☐ Addition	
TITLE	D NONEALY LIODAGE		DECETE	1	1						
NAME	MCNEALY, HORACE			4. 2 NAME							
STREET ADDRESS	2300 HARLEM AVE.			4.3 STREET	ADORESS						
CITY-ST-ZIP	EUSTIS FL			4.4 CITY-ST	-ZIP	 _				□ Addican	
TITLE	D		DELETE	5.1 TITLE	İ		•		Change	☐ Addition	
NAME :	WEATHERSPOON, HENRY		i	5.2 NAME						ì	
STREET ADDRESS	38231 CHURCH ST.			5.3 STREET	ADDRESS	•				Ì	
CITY-ST-ZIP	UMATILLA FL		·	5.4 CITY-ST	-ZIP			_			
TITLE			DELETE	6.1 TITLE			-		Change	☐ Addition	
NAME				6.2 NAME	1						
STREET ADDRESS				6.3 STREET	ADDRESS						
	}			6,4 CITY-ST	r-ZIP)	
CITY-ST-ZIP	L	this filing does no	6 ali6 i 6 ib.			Coetion 110 07/3\/ii	Florida Statutos I	further nert	if that the in	formation	

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 informatio 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: Besthis M. U. S. S. S. RED Berlin M. Carroll 13-21-99 (352) 669-3695

CR2E037 (11/98)