FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:16

DOCUMENT # N45860 (6)

1. Corporation Name

THE BUCKINGHAM COMMUNITY CEMETERY ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
13910 ORANGE RIVER BLVD FT MYERS FL 33905	13910 ORANGE RIVER BLVD FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1991
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0256913 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution NO ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SAPP, JACK
13910 ORANGE RIVER BLVD
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name: NONE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SAPP, JACK	12 NAME	
STREET ADDRESS	13910 ORANGE RIVER BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MANN, TIMOTHY	22 NAME	
STREET ADDRESS	5621 NEAL RD	23 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, AUDREY	32 NAME	
STREET ADDRESS	4601 BUDKINGHAM RD	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SAPP, THELMA	42 NAME	
STREET ADDRESS	13930 ORANGE RIVER BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	HIGGINBOTHAM	52 NAME	
STREET ADDRESS	5561 NEAL RD	53 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	FLINT, BILLY	62 NAME	
STREET ADDRESS	6630 W. WOODACRES RD.	63 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jack Sapp JACK SAPP PRESIDENT 3/20/95 813-334-0211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #