

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N45860** (6)

1. Corporation Name

THE BUCKINGHAM COMMUNITY CEMETERY ASSOCIATION, INC.

Principal Place of Business

**13910 ORANGE RIVER BLVD
FT MYERS FL 33905**

Mailing Address

**13910 ORANGE RIVER BLVD
FT MYERS FL 33905**



3. Date Incorporated or Qualified
10/31/1991

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

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

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SAPP, JACK**
STREET ADDRESS **13910 ORANGE RIVER BLVD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **VP** ☐ DELETE
NAME **MANN, TIMOTHY**
STREET ADDRESS **5621 NEAL RD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **S** ☐ DELETE
NAME **SOLOMON, AUDREY**
STREET ADDRESS **4801 BUDKINGHAM RD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **T** ☐ DELETE
NAME **SAPP, THELMA**
STREET ADDRESS **13930 ORANGE RIVER BLVD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **T** ☐ DELETE
NAME **HIGGINBOTHAM**
STREET ADDRESS **5581 NEAL RD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **T** ☐ DELETE
NAME **FLINT, BILLY**
STREET ADDRESS **6630 W. WOODACRES RD.**
CITY-ST-ZIP **FT MYERS FL**

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 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)(k), 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

Date

4/1/96

Daytime Phone #

841-334-0211

CR2E037 (12/95)