

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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 33905-7322**

3. Date Incorporated or Qualified
10/31/1991

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Same
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

4. FEI Number
65-0256913

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **NO**

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ **NO**

\$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

10. Name and Address of New Registered Agent

**SAPP, JACK
13910 ORANGE RIVER BLVD
FT MYERS FL 33905**

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

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 **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 **4601 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 **5561 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**

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 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.

CR2E037 (9/96)