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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N45860

1. Corporation Name

THE BUCKINGHAM COMMUNITY CEMETERY ASSOCIATION, I
NC.

Principal Place of Business

13910 ORANGE RIVER BLVD
FT MYERS FL 33905

Mailing Address

13910 ORANGE RIVER BLVD
FT MYERS FL 33905



2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

10/31/1991

4. FEI Number

65-0256913

Applied For

Not Applicable

5. Certificate of Status Desired

NO

\$8.75 Additional
Fee Required

6. Election Campaign Financing

NO

\$5.00 May Be
Added to Fees

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 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

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)(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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

Daytime Phone #

CR2E037 (11/98)