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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:13

DOCUMENT # **N49020** **(3)**

1. Corporation Name

MACEDONIA CEMETERY FUND, INC.

Principal Place of Business	Mailing Address
ROUTE 4, BOX 518 LIVE OAK FL 32060	ROUTE 4, BOX 518 LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1992
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3166897 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 115 Manor St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Live Oak, Florida
Zip 24 / Country 25	Zip 29: 32060 / Country 30: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLINS, TOMMYE ROUTE 4, BOX 518 LIVE OAK FL 32060	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KUHN, DEANETTE C.	12 NAME	
STREET ADDRESS	ROUTE 4 BOX 517	13 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, TOMMYE	22 NAME	
STREET ADDRESS	ROUTE 4 BOX 518	23 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BASS, ANDREW C.	32 NAME	
STREET ADDRESS	315 S SCRIVEN AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BASS, NANCY	42 NAME	
STREET ADDRESS	115 MANOR ST	43 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BASS, CARTER A.	52 NAME	
STREET ADDRESS	ROUTE 5 BOX 289	53 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Nancy C. Bass (Nancy C. Bass) 3-27-95 904-362-6819
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #