

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49020 (3)
1. Corporation Name
MACEDONIA CEMETERY FUND, INC.

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

Mailing Address
**115 MANOR ST
LIVE OAK FL 32060-4504
US**



2. Principal Place of Business 21 12544 Bass Rd.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 02/01/1996
22 City & State 23 Live Oak, Florida		27 City & State 28		4. FEI Number 59-3166897	Applied For <input type="checkbox"/> Not Applicable
24 Zip 32060	25 Country Swansee	29 Zip 30	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent COLLINS, TOMMYE ROUTE 4, BOX 518 LIVE OAK FL 32060				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLINS, TOMMYE ROUTE 4, BOX 518 LIVE OAK FL 32060		10. Name and Address of New Registered Agent 81 Name Collins, Tommye 82 Street Address (P.O. Box Number is Not Acceptable) 12544 Bass Rd 83 84 City Live Oak FL 85 Zip Code 32060	
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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 Tommye Collins Tommye Collins 1-21-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHNS, DEANETTE C. ROUTE 4 BOX 517 LIVE OAK FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Kuhn, Deanette C. 12586 Bass Rd. Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TOMMYE ROUTE 4 BOX 518 LIVE OAK FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Collins, Tommye 12544 Bass Rd. Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ANDREW C. 315 S SCRIVEN AVE. LIVE OAK FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Bass, Andrew C. 12675 129th Rd. Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, NANCY 115 MANOR ST LIVE OAK FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARTER A. ROUTE 5 BOX 289 LIVE OAK FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Bass, Carter A. 10020 129th Rd. Live Oak, FL. 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Tommye Collins 1-21-97 904-362-6800

CR2E037 (9/96)