## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50373

(2)

Feb 06 1998 8:00am
Secretary of State

FILED

1. Corporation Name									
WHIDDEN FAMILY CEMETERY ASSOCIATION INCORPORATED									
			011111111			TERRITER AND REPORT NAMED PRINT TO SEE THE TRANSPORT OF THE PRINT THE PRINTT	li dirii t	<b>                                    </b>	
								(B)  B(B)	
Principal Place of Business Mailing Address						I INDEFINES MOS MISSES ENIBLE INCIDE SAND SAND WINDIN GREEN DIS	12 BIB11 B1	inti difit tasi	
445 S COMMERCE AVE 445 S COMMERCE AVE						3. Date Incorporated or Qualified		<del></del> 1	
SEBRING FL 33870 SEBRING FL 33870						08/10/1992		}	
1						4. FEI Number	LAF	oplied For	
						65-0352162		ot Applicable	
2. Principal Place of Business 2a. Mailing Address						- 0		Additional	
21 26						5. Certificate of Status Desired	Fee Re		
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$	5.00	May Be	
22 27							dded to		
City & State City & State					7. Is this nonprofit corporation a homeowners association?				
23		28	<del></del>			☐ Yes ☐ No			
Zip	Country	Zip	<del></del> -	untry	<i>f</i>	8. This corporation owes or has paid the current year Intangible			
24	25	29	30	, _		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10, Name and Address of New Registered Ager	ıt		
				0:	мате			[	
	TON, DARLENE A.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
445 S COMMERCE AVE									
SEBRIN	G FL 33870			83		_		1	
				84	City	85	Zip (	Code	
		00 40474500 51 54 01		نب	<u> </u>	FL   "	<u> </u>		
office or r	to the provisions of Sections 617,050 registered agent, or both, in the State	02 and 617.1508, Florida Sta e of Florida. Such change wa	tutes, the a as authorize	ed by	-named corporation	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointment	nging it nent as	s registerea reaistered	
agent. I a	m familiar with, and accept the oblig	ations of Section 617.0503.	Florida Sta	tutes	S.				
SIGNATURE									
12.	Signature, typed or printed name of registered ag	ID DIRECTORS	13.	ed Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIR	FOTOR	S IN 12	
TITLE	D	DELETE 1,1 T		TLE			Change	Addition	
NAME				IAME	1	_			
STREET ADDRESS	403 NORTHWEST 6TH STRE	FT			ADDRESS			] [	
CITY-ST-ZIP	OVEROUGHER TO			ITY-\$				15	
TITLE				TLE	11-211		Change.	Addition	
NAME	CALDWELL, STACY D			2.2 NAME		_			
STREET ADDRESS	4000 ARBUCKLE CR ROAD		5	2.3 STREET ADDRESS				i i	
CITY-ST-ZIP	SEBRING FL				ST-ZIP	56 X-4			
TITLE	D	DELETE	3.1 T		/		Change	Addition	
NAME	WHIDDEN, GILBERT L.		3.2 N	AME	- 1		-		
STREET ADDRESS	410 NW 5TH ST		1		ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL			CITY-S					
TITLE		DELETE	4.1 Ti		,,		hange	Addition	
NAME		_	4.21	NAME	Ì	_	•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY-S		3			)	
TITLE		DELETE	5.1 TITLE				hange	Addition	
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			1	ITY-S					
TOTLE		☐ DELETE	6.1 Ti	_			hange	Addition	
NAME			6.2 N						
i .									
STREET ADDRESS			6.3 5	TREET.	ADDRESS			}	
STREET ADDRESS CITY-ST-ZIP				TREET . ITY-S1					

In 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

OLO : WILLIAMS COURE

1-26-98

911 163 6166 Daytime Phone # 2000212