

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000486 (2)

1. Corporation Name

HOUSTON COMMUNITY CEMETERY INC.



Principal Place of Business

Mailing Address

RT 2 BOX 10
LIVE OAK FL 32060

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LIVE OAK FL 32060

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3148287

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

COOK, THELMA D
RT 2 BOX 10
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 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
NAME ALLEN, MARY E
STREET ADDRESS RT 2 BOX 89
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT
NAME FORD, SHIRLEY
STREET ADDRESS RT 3 BOX 84
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME COOK, THELMA D
STREET ADDRESS RT 2 BOX 10
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME OZZIE, BELLE L
STREET ADDRESS RT 2 BOX 16
CITY-ST-ZIP LIVE OAK FL

☒ DELETE

Deceased

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

Terry, Elwood SR,
Rte. 2 Box 94
Live Oak, FL

TITLE T
NAME RONDREE, RALPH
STREET ADDRESS RT 2 BOX 82
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

100001734751
-03/06/96--01098--017
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TITLE T
NAME HERRING, SUMMER
STREET ADDRESS 2783 RIVER OAK DR.
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7/16

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)(k), 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: Thelma D. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

362-4133

Daytime Phone #

CR2E037 (12/95)