

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000486 (2)**

1. Corporation Name

**HOUSTON COMMUNITY CEMETERY INC.**

Principal Place of Business

Mailing Address

**1608 N.E. DUVAL STREET  
LIVE OAK FL 32060  
US**

**1608 N.E. DUVAL STREET  
LIVE OAK FL 32060  
US**

3. Date Incorporated or Qualified

**11/24/1992**

4. FEI Number

**59-3148287**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** Zip

Country

**29** Zip

Country

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

**Allen, Mary E.**

**82** Street Address (P.O. Box Number is Not Acceptable) **9420 City Rd 417**

**83**

**84** City

**Live Oak**

**FL**

**85** Zip Code

**32060**

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 file if applicable

**Mary E. Allen-Besley**

(NOTE: Registered Agent signature required when reinstating)

**3-298**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, MARY E</b>	
STREET ADDRESS	<b>RT 2 BOX 89</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, SHIRLEY</b>	
STREET ADDRESS	<b>RT 3 BOX 84</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, THELMA D</b>	
STREET ADDRESS	<b>1608 N.E. DUVAL STREET</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ELWOOD, PERRY SR</b>	
STREET ADDRESS	<b>RT 2 BOX 94</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RONDREE, RALPH</b>	
STREET ADDRESS	<b>RT 2 BOX 82</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERRING, SUMMER</b>	
STREET ADDRESS	<b>2783 RIVER OAK DR.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Allen, Mary E.</b>	
1.3 STREET ADDRESS	<b>9420 City Rd 417</b>	
1.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FORD, Shirley</b>	
2.3 STREET ADDRESS	<b>9622 93rd Pl Place</b>	
2.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>	
3.1 TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>COOK, Thelma D</b>	
3.3 STREET ADDRESS	<b>1608 N.E. Duval Street</b>	
3.4 CITY-ST-ZIP	<b>Live Oak, FL</b>	
4.1 TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Perry, Elwood SR</b>	
4.3 STREET ADDRESS	<b>10600 CR 417</b>	
4.4 CITY-ST-ZIP	<b>Live Oak, FL 32060</b>	
5.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Roundtree, Ralph</b>	
5.3 STREET ADDRESS	<b>7793 86th Street</b>	
5.4 CITY-ST-ZIP	<b>Live Oak, FL</b>	
6.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>FORD Lonnie</b>	
6.3 STREET ADDRESS	<b>306 Defender Ave.</b>	
6.4 CITY-ST-ZIP	<b>Lake City, FL 32095</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a attached modification.

SIGNATURE: **Lonnie Ford III 2-10-98**

CR2E037 (10/97)