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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000486

1. Corporation Name

HOUSTON COMMUNITY CEMETERY INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/24/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3148287

Applied For

☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, MARY E
9420 CITY RD 417
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 Mary E. Allen - Beatty

(NOTE: Registered Agent signature required when reinstating)

1-22-1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME ALLEN-BEATT, MARY E
STREET ADDRESS 9420 CITY RD 417
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE VP ☐ DELETE
NAME FORD, SHIRLEY
STREET ADDRESS 9622 93RD RD PL
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE TR ☐ DELETE
NAME COOK, THELMA D
STREET ADDRESS 1608 N.E. DUVAL ST
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE TR ☐ DELETE
NAME PERRY, ELWOOD S
STREET ADDRESS 10660 CR 417
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE T ☐ DELETE
NAME ROUNDTREE, RALPH
STREET ADDRESS 7793 86TH ST
CITY-ST-ZIP LIVE OAK FL 32060

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

TITLE P ☐ DELETE
NAME FORD, LONNIE
STREET ADDRESS 306 DEFENDER AVE
CITY-ST-ZIP LAKE CITY FL 32025

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

14. I 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, with all other like empowered.

SIGNATURE: Mary E. Allen - Beatty SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

904-364-4754

Daytime Phone #

CR2E037 (11/98)