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Apr 17 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 # **N93000003744 (0)**

1. Corporation Name

ALTAMONTE AND FERN PARK COMMUNITY CEMETERY, INC.



Principal Place of Business

Mailing Address

**157 JACKSON ST
ALTAMONTE SPRINGS FL 32701**

**157 JACKSON ST
ALTAMONTE SPRINGS FL 32701-3712**

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **05/01/1996**

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

25

29

30

4. FEI Number
59-3202709

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

**ZIEGLER, JOHN
157 JACKSON ST
ALTAMONTE SPRINGS FL 32701**

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

John J. Zeigler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 21, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **ZIEGLER, JOHN**
CITY-ST-ZIP **157 JACKSON ST
ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **NELSON, JAMES**
CITY-ST-ZIP **304 MAGNOLIA ST
ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **SIMPSON, ALFRED**
CITY-ST-ZIP **313 LONGWOOD AVE
ALTAMONTE SPRINGS FL 32701**

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

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **RAINES, LONNIE B**
CITY-ST-ZIP **624 FRUITWOOD AVE.
WINTER SPRINGS FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **LEVI DIXON**
4.3 STREET ADDRESS **636 WILLOWOOD AVENUE**
4.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714-7217**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHERMAN MORSE**
CITY-ST-ZIP **301 MAGNOLIA ST
ALTAMONTE SPRINGS FL**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROY CAMPBELL**
CITY-ST-ZIP **605 PLUM LANE
ALTAMONTE SPRINGS, FL 32701**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **ROY CAMPBELL**
6.3 STREET ADDRESS **605 PLUM LANE**
6.4 CITY-ST-ZIP **ALTAMONTE FL 32701**

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

John J. Zeigler
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

March 21, 1997

Date

Daytime Phone #0012805

407 331 7047

CR2E037 (9/96)