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

N93000003744 (0)

ALTAN	ONTE AND FERN PARK C	OMMUNITY CEME	IERY,	INC.						
Principal Place of Business Mailing Address							r inneiten ard inian tilli Antil allis batis dät	// 28/24 	11E11 A181 (881	
157 JACKSON ALTAMONTE S	ST PRINGS FL 32701	157 JACKSON ST ALTAMONTE SPRIN	157 JACKSON ST ALTAMONTE SPRINGS FL 32701				3. Date Incorporated or Qualified 08/16/1993 4. FEI Number Applied For			
2. Principal F	Place of Business	2s. Mailing Addres					59-3202709		ot Applicable Additional	
21		26					5. Certificate of Status Desired	— — — — —	Additional equired	
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.				6. Election Campaign Financing	\$5.00		
22		27					Trust Fund Contribution	Added to		
City & Stat	le 	City & State					7. Is this nonprofit corporation a homeow Yes	ners associatio	in?	
Zip	Country	Zip	_	Count	ry		8. This corporation owes or has paid the			
24	25	29	30	<u> </u>			Personal Property Tax due June 30,		No	
	9. Name and Address of Curre	int negistered Agent		8	41	ame	10. Name and Address of New Register	au Agent		
ZIEGLER, JOHN 157 JACKSON ST ALTAMONTE SPRINGS FL 32701				82 Street Ac			ress (P.O. Box Number is Not Acceptable)			
				B	4 C	ty		85 Zip	Code	
office or agent. I s					_		poration submits this statement for the purposition's board of directors. I hereby accept the a		registered	
	Signature, typed or printed name of registered s		(NOTE: R		gent sig	nature requ	ulred when reinstating) DAT	-		
12.	OFFICERS AF	ND DIRECTORS	TE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	ZIEGLER, JOHN	یان سے	16	1.7 IIILE 1.2 NAMI				Change	L Addition	
STREET ADDRESS	157 JACKSON ST			1.3 STRE						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3	2701								
TITLE	DS DS	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	NELSON, JAMES	_			2.2 NAME			_ •		
STREET ADDRESS	304 MAGNOLIA ST			2.3 STRE	ET ADDI	ESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3			2.4 CITY-ST-ZIP		P				
TITLE	DT	☐ DELETE		3.1 TITLE				Change	☐ Addition	
NAME	SIMPSON, ALFRED			3.2 NAME	E					
STREET ADDRESS	313 LONGWOOD AVE			3.3 STRE	et add	RESS				
CITY-ST-21P	ALTAMONTE SPRINGS FL 3			3.4. CITY	- \$1 - ZI	<u> </u>				
TITLE	D	☐ DELE	TE	4.1 TITLE				☐ Change	Addition	
NAME	DIXON, LEVI			4. 2 NAM	Æ					
STREET ADDRESS	636 WILLOWOOD AVE			4.3 STRE	ET ADD	RESS		,		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	327/4		4.4 CITY-	- ST - ZIF	,		· · · · · · · · · · · · · · · · · · ·	••	

ALTAMONTE SPRINGS FL 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 for the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block (3)(I chapter 6) of the name of the receiver of trustee of trustees of the same legal effect as if made under oath; that I am an officer or director of the corporation for the receiver of trustees of trustees.

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

MORSE, SHERMAN

301 MAGNOLIA ST

CAMPBELL, ROY

605 PLUM LANE

ALTAMONTE SPRINGS FL

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZW

John J. Zeigler

DELETE

DELETE

4/27/98

FILED

May 11 1998 8:00am

Secretary of State

407 38/7047

☐ Change ☐ Addition

Addition