FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90176 046 ****61.25

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DOCUMENT # **N93000003744**

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 08/16/1993

4. FEI Number: 59-3202709 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZIEGLER, JOHN
157 JACKSON ST
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	JOHN ZIEGLER (DP)	☐ Change ☐ Addition
NAME	ZIEGLER, JOHN		1.2 NAME		
STREET ADDRESS	157 JACKSON ST		1.3 STREET ADDRESS	157 JACKSON ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	ALTAMONTE SPS. FL 32701	
TITLE	DS	☑ DELETE	2.1 TITLE	ALTON WILLIAMS (DT)	☐ Change ☑ Addition
NAME	NELSON, JAMES		2.2 NAME		
STREET ADDRESS	304 MAGNOLIA ST		2.3 STREET ADDRESS	601 PLUM LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		2.4 CITY-ST-ZIP	ALTAMONTE SPS. 32701	
TITLE	DT	☑ DELETE	3.1 TITLE	BERTHA M. SMITH (DT)	☐ Change ☑ Addition
NAME	SIMPSON, ALFRED		3.2 NAME		
STREET ADDRESS	313 LONGWOOD AVE		3.3 STREET ADDRESS	1180 MERRITT ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP	ALTAMONTE SPS 71 32701	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, LEVI		4. 2 NAME		
STREET ADDRESS	636 WILLOWOOD AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORSE, SHERMAN		5.2 NAME		
STREET ADDRESS	301 MAGNOLIA ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, ROY		6.2 NAME		
STREET ADDRESS	605 PLUM LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (1/1/98)

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: John Ziegler **SIGNATURE REQUIRED** 4/21/99 407-331-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #