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, NONPROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra Millortham

Secretary of State
DIVISION OF CORPORATIONS

N97000004717 (1)

BRICKYARD CEMETERY, INCORPORATED

Principal Place of Business Mailing Address 20 S. 5TH STREET 20 S. 5TH STREET 3. Date Incorporated or Qualified FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 08/19/1997 Et Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes | Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Yes 20 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, CLYDE W 82 Street Address (P.O. Box Number is Not Acceptable) 20 S. 5TH STREET FERNANDINA BEACH FL 32034 23 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ■ Addition JOHNSON, CHRIS M MALKE 1.2 NAME RT. 1 BOX 2050 STREET ADDRESS 1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

2.1 TITLE

2.2 NAME

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4. 2 NAME

DELETE

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TITLE DELETE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: Chris m. Art.

HILLIARD FL 32046

P.O. BOX 685

REYNOLDS, WOODROW

PEEPLES, DOROTHY N

KINGSLAND GA 31548

925 ESCOTT ROAD

VANZANT, HUBERT

HILLIARD FL 32048

RT. 1 BOX 1750

FERNANDINA BEACH FL 32035-0685

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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2/17/9

(904) 261-2848

Change

Change

☐ Addition

___ Addition

Addition

FILED

Apr 27 1998 8:00am

Secretary of State