09-20-1999 90009 084 ... 6125

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005884

1. Corporation Name
ROCKY HAMMOCK CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1951 SE 76TH PLACE GULF HAMMOCK FL 32639	P.O. BOX 266 GULF HAMMOCK FL 32639 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 144	3. Date Incorporated or Qualified 10/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3601313 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Gulf Hammock FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32639 / 30 Levy	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YEARTY, DANIEL G 1951 SE 76TH PLACE GULF HAMMOCK FL 32639	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		☐ Change ☐ Addition
NAME	YEARTY, DANIEL G		1.2 NAME		
STREET ADDRESS	1951 SE 76TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF HAMMOCK FL 32639		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CANNON, MARGARET		2.2 NAME		
STREET ADDRESS	375 SW 1ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WALDO FL 32694		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIRD, MARY		3.2 NAME		
CITY-ST-ZIP	GULF HAMMOCK FL 32639		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BECK, MORRIS		4.2 NAME		
STREET ADDRESS	1120 NW BARCELONA		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL 32643		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, PAMELA L		5.2 NAME		
STREET ADDRESS	4450 SE 45TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULF HAMMOCK FL 32639		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, with all other like empowered.

SIGNATURE: Pamela L. Owens SIGNATURE REQUIRED PAMELA L. OWENS 9/10/99 352-486-2161
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)