I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM CELLON

PRESIDENT, DIRECTOR

SIGNATURE: WILLIAM E CELLON JR 02/09/2020 Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title PRESIDENT, DIRECTOR Title TREASURER, DIRECTOR CELLON, WILLIAM E JR. Name Name COLSON, MARY LOUISE Address P.O. BOX 77 Address PO BOX 177 City-State-Zip: LACROSSE FL 32658 City-State-Zip: LA CROSSE FL 32658 Title

Current Mailing Address:

PO BOX 94 LACROSSE, FL 32658 US

FEI Number: 30-0652361

Name and Address of Current Registered Agent:

CELLON, WILLIAM E JR 17218 N STATE RD 121 GAINESVILLE, FL 32653 US

Name

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31720

Entity Name: ANTIOCH CEMETERY MEMORIAL FUND, INC.

Current Principal Place of Business:

C/0 WILLIAM E CELLON JR 17218 N STATE RD 121 GAINESVILLE, FL 32653

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SECRETARY, D HARRIS, JEAN C Address PO BOX 52 City-State-Zip: LA CROSSE FL 32658

Electronic Signature of Signing Officer/Director Detail

Date

02/09/2020

FILED Feb 09, 2020 Secretary of State 1519821267CC