

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31720

Entity Name: ANTIOCH CEMETERY MEMORIAL FUND, INC.

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 94
LACROSSE, FL 32658 US

FEI Number: 30-0652361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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.

SIGNATURE: WILLIAM E CELLON JR

02/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CELLON, WILLIAM E JR.
Address P.O. BOX 77
City-State-Zip: LA CROSSE FL 32658

Title TREASURER, DIRECTOR
Name COLSON, MARY LOUISE
Address PO BOX 177
City-State-Zip: LACROSSE FL 32658

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

Title DIRECTOR
Name WHITEHEAD, BRENDA
Address 10320 NE 207TH LANE
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name DAMPIER, BRIAN
Address 4131 NW 182ND PLACE
City-State-Zip: GAINESVILLE FL 32653

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 E CELLON JR

PRESIDENT, DIRECTOR

02/28/2021

Electronic Signature of Signing Officer/Director Detail

Date