

**2023 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

02/26/2023

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

Title            VP, 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:** CELLON, WILLIAM E, JR

PRESIDENT, DIRECTOR

02/26/2023

Electronic Signature of Signing Officer/Director Detail

Date