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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726410 (4)

1. Corporation Name

KENANSVILLE CEMETERY, INCORPORATED

Principal Place of Business

100 LAKE MARION RD.
KENANSVILLE FL 34739

Mailing Address

P.O. BOX 85
KENANSVILLE FL 34739-0085



3. Date Incorporated or Qualified

05/16/1973

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

24

25

Zip

Country

29

30

4. FEI Number

59-2064739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONANT, ANDREW J
656 LAKESIDE BLVD.
KENANSVILLE FL 32739

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
YATES, ROBERT
STREET ADDRESS 865 HARVEY RD.
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE ☐ DELETE

NAME P
CONANT, ANDREW J
STREET ADDRESS 656 LAKESIDE BLVD.
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE ☐ DELETE

NAME V
HARVEY, STEVE
STREET ADDRESS 505 HARVEY ROAD
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE ☐ DELETE

NAME S
HARVEY, LILLIANE
STREET ADDRESS 505 HARVEY RD.
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE ☐ DELETE

NAME T
LEE, DOROTHY
STREET ADDRESS 1420 S. CANOE CREEK ROAD
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE ☐ DELETE

NAME D
HARVEY, LOLA
STREET ADDRESS 205 S. POST OFFICE RD.
CITY-ST-ZIP KENANSVILLE FL 34739

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 *Lillian Harvey* REQUIRED *Lillian Harvey - Sec* 4/23/97 407-436-1554

CR2E037 (9/96)