

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

**100 LAKE MARION RD.
KENANSVILLE FL 34739**

**P.O. BOX 85
KENANSVILLE FL 34739**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/16/1973

4. FEI Number

59-2064739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**CONANT, ANDREW J
656 LAKESIDE BLVD.
KENANSVILLE FL 32739**

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 | D | <input type="checkbox"/> DELETE |
| NAME | YATES, ROBERT | |
| STREET ADDRESS | 865 HARVEY RD. | |
| CITY - ST - ZIP | KENANSVILLE FL 34739 | |

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CONANT, ANDREW J | |
| STREET ADDRESS | 656 LAKESIDE BLVD. | |
| CITY - ST - ZIP | KENANSVILLE FL 34739 | |

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HARVEY, STEVE | |
| STREET ADDRESS | 505 HARVEY ROAD | |
| CITY - ST - ZIP | KENANSVILLE FL 34739 | |

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HARVEY, LILLIANE | |
| STREET ADDRESS | 505 HARVEY RD. | |
| CITY - ST - ZIP | KENANSVILLE FL 34739 | |

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LEE, DOROTHY | |
| STREET ADDRESS | 1420 S. CANOE CREEK ROAD | |
| CITY - ST - ZIP | KENANSVILLE FL 34739 | |

| | | |
|-----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |

| | |
|---------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |

| | |
|---------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |

| | |
|---------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |

| | |
|---------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |

| | |
|---------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 of 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 M. Harvey Lillian M. HARVEY - Sec 4/9/98 407-436-1554

CR2E037 (10/97)