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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90045 025 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726410

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LILLIANE HARVEY

4/16/99

407-436-1554

CR2E037 (1/98)