2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 726410

FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 90391 048 ****61.25

| KENANSVILLE CEMETERY, INCORPORATED | | | | | | | | |
|---|--|---|--|--|--|--|---|----------------------------------|
| Principal Place 100 LAKE MAI KENANSVILLE | · · · - · · · - | Mailing Address P.O. BOX 85 KENANSVILLE FL 34739 | | | 1014 1003 11010 SIN 8160 II | - - | 1 (1 8:8 1) 1 (1 | 11. Bil ist 18 83 |
| 2. Principal F | Place of Business | 3. Mailing Address | | } ∭ | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & Sta | ite , | City & State | | 4. FEIN | lumber 59-2064739 | | - | pplied For ot Applicable |
| Zip | Country | Zip | Country | 5. Certif | ficate of Status Desired | · □ \$8 | 3.75 Add | litional |
| | 6. Name and Address of Current | Registered Agent | | 7. Name | and Address of New | | | |
| DENVES | 4 | | Name | | | | | |
| DENKER 1225 GR | , al Ant bass RD | | Street A | ddress (P.O. Box N | umber is Not Acceptab | ile) | | |
| KENANS | VILLE FL 34739 | | | | | <u>-</u> | | |
| 0 | I low be | | City | | | FL | Zip Cod | e |
| 8. The above | e named entity submits this statement fo | or the purpose of changing its | registered office or | registered agent, o | or both, in the State of F | Florida, I am fam | iliar with, | and accept |
| the obliga | itions of registered agent. | | | | | | | |
| | | 1. — | \sim | | | HIAGI | 100 | |
| SIGNIATURE | | $\Delta I T = A I K$ | ER - HR | RECIDEN | 17 | コンソメ | US. | |
| SIGNATURE | Signature, typed or printed name of registered agent | A DENK tand title if applicable. (NOTE | ER - P | LIFE required when reinstating | | 4/28/ DATE | 03 | |
| | Signature, typed or printed name of registered agent | t and trile if applicable. (NOTE 9. Election Cam Trust Fund C | : Registered Agent signatu | | May Be M | DATE DATE | ayable | |
| 10 | FILE NOW: FEE IS \$61.25 OFFICERS AND DI | t and trile if applicable. (NOTE 9. Election Cam Trust Fund C | Registered Agent signatures apaign Financing ontribution. | \$5.00 N Added to | May Be M | lake Check Pida Departments | ayable ent of S | State 10 |
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allion VEY - SECRETARY 4/28/03 407-43/0-1554