

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

02-12-1999 90009 017 *****61.25

DOCUMENT # N04521

1. Corporation Name

OAK GROVE CEMETERY ASSOCIATION, INC.

Principal Place of Business

37 EAST OHIO AVENUE
C/O GUY W. ARNOLD
MACCLENNY FL 32063
US

Mailing Address

37 EAST OHIO AVENUE
C/O GUY W. ARNOLD
MACCLENNY FL 32063
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/02/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
26-3529573

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, GUY W.
37 EAST OHIO AVENUE
MACCLENNY FL 32063

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
GUY, ARNOLD
37 EAST OHIO AVENUE
MACCLENNY FL 32063

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

STD
DAVIS, EARL
PO BOX 423 N/A
MACCLENNY FL 32063

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
COMBS, FRED
P.O. BOX 223 N/A
SANDERSON FL 32087

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

[Empty entry]

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

[Empty entry]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

[Empty entry]

6.1 TITLE
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

1-20-99

Guy Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)