

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:54

DOCUMENT # **722468** (6)

1. Corporation Name
MEMORIAL SOCIETY OF ALACHUA COUNTY, INC.

Principal Place of Business Mailing Address
3426 SW 75TH ST 3426 SW 75TH ST
GAINESVILLE FL 32607 GAINESVILLE FL 32607
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/18/1972** 3a. Date of Last Report **05/01/1994**
4. FEI Number **23-7165333** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TARJAN, ARMEN CHARLES
3426 SW 75TH ST
GAINESVILLE FL 32607

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD
NAME	BIGHAM, JERRY
STREET ADDRESS	P.O. BOX 13145 N/A
CITY - ST - ZIP	GAINESVILLE FL 32604
TITLE	VD
NAME	SMITH, CECIL N
STREET ADDRESS	1623 N.W. 14TH AVE.
CITY - ST - ZIP	GAINESVILLE FL 32605
TITLE	SD
NAME	KROLL, JULIA
STREET ADDRESS	1806 S.W. 35TH PL.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	T
NAME	TARJAN, ARMEN CHARLES
STREET ADDRESS	3426 SW 75TH ST
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VD
NAME	CARDELHAC, JULIE
STREET ADDRESS	3905 S.W. 3RD AVE.
CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	D
NAME	MARCUS, ROBERT
STREET ADDRESS	4021 N.W. 20TH PL.
CITY - ST - ZIP	GAINESVILLE FL 32605

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Armen C. Tarjan
ARMEN C. TARJAN

16-Jan-95

904-392-1901