

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **722468** (6)

1. Corporation Name

**MEMORIAL SOCIETY OF ALACHUA COUNTY, INC.**



Principal Place of Business

Mailing Address

3426 SW 75TH ST  
GAINESVILLE FL 32607  
US

3426 SW 75TH ST  
GAINESVILLE FL 32607  
US

3. Date Incorporated or Qualified

01/18/1972

3a. Date of Last Report

01/23/1995

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

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

*Armen C. Tarjan*

(NOTE: Registered Agent signature required when reinstating)

2/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIGHAM, JERRY	
STREET ADDRESS	P.O. BOX 13145 N/A	
CITY - ST - ZIP	GAINESVILLE FL 32604	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CECIL N	
STREET ADDRESS	1823 N.W. 14TH AVE.	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KROLL, JULIA	
STREET ADDRESS	1806 S.W. 35TH PL.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TARJAN, ARMEN CHARLES	
STREET ADDRESS	3426 SW 75TH ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARDEILHAC, JULIE	
STREET ADDRESS	3905 S.W. 3RD AVE.	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS, ROBERT	
STREET ADDRESS	4821 N.W. 20TH PL.	
CITY - ST - ZIP	GAINESVILLE FL 32605	

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRIST M. LUDWIG	
2.3 STREET ADDRESS	1810 NW 23 <sup>rd</sup> BLVD, Bldg 12, Apt 276	
2.4 CITY - ST - ZIP	Gainesville FL 32605	
3.1 TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LESTER McPeck	
6.3 STREET ADDRESS	1318 NE 20TH PL	
6.4 CITY - ST - ZIP	Gainesville FL 32609	

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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Armen C. Tarjan*

2/2/96

352-377-7403

Daytime Phone #

CR2E037 (12/95)