FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☑ CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **G72396** **(6)**

1. Corporation Name
CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.

Principal Place of Business	Mailing Address
1630 PINE ISLAND RD. CAPE CORAL FL 33991	4126 NORLAND AVE. BURNABY BC V5G3S-8

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/14/1983**
3a. Date of Last Report: **07/26/1994**

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

4. FEI Number: **59-2364016** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☒ Change ☐ Addition
NAME	GLODEX THOMAS F.	12 NAME	correction to last name
STREET ADDRESS	230-13TH AVE. N.E.	13 STREET ADDRESS	GLODEK
CITY-ST-ZIP	MINNEAPOLIS MN 55413	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	100001 485 481 ☐ Addition
NAME	FLOBECK RONALD	22 NAME	-04/28/95--01005--003
STREET ADDRESS	11524 MAHOGANY RUN	23 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP	FORT MEYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOEWEN RAYMOND L.	32 NAME	
STREET ADDRESS	4126 NORLAND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC V5G3S-8	34 CITY-ST-ZIP	
TITLE	DA	41 TITLE	☐ Change ☐ Addition
NAME	HYNDMAN PETER S.	42 NAME	
STREET ADDRESS	4126 NORLAND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC V5G3S-8	44 CITY-ST-ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	WRIGHT GARY L.	52 NAME	
STREET ADDRESS	600-50 EAST RIVERCENTER BLVD.	53 STREET ADDRESS	4/25/95 MH
CITY-ST-ZIP	COVINGTON KY 41011	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	SWANSON RICK	62 NAME	
STREET ADDRESS	12540 WOODTIMBER LANE	63 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Peter S. Hyndman 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

04/04/12 IN