

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **H54287** (8)

1. Corporation Name  
**SARAH'S MEMORIAL CHAPEL, INC.**

MAY - 1 1995 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **728 AVENUE D  
P.O. BOX 3588  
FT. PIERCE FL 34948-0588**

Mailing Address: **728 AVENUE D  
P.O. BOX 3588  
FT. PIERCE FL 34948-0588**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **04/18/1985** 3a. Date of Last Report: **10/24/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State Apt # or: **22** State Apt # or: **27**

City, State: **23** City, State: **28**

Zip: **24** Zip: **25** Zip: **29** Zip: **30**

9. Name and Address of Current Registered Agent

**ALEXANDER, RUFUS J., III  
740 AVE., "D"  
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

**FL** **85** Applicable

11. I, the undersigned, the president, secretary, treasurer or chief financial officer of the corporation, hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation. I hereby accept the appointment as registered agent for the corporation.

12. REGISTERED AGENTS AND DIRECTORS 13. REGISTERING CHANGES TO THE REGISTERED AGENTS AND DIRECTORS

|         |                                      |
|---------|--------------------------------------|
| NAME    | PD JACKSON, MARJORIE                 |
| ADDRESS | 3705 AVENUE J<br>FT. PIERCE FL       |
| STATE   | SD                                   |
| NAME    | FRANKLIN, SARAH P.                   |
| ADDRESS | 1106 N. 22ND STREET<br>FT. PIERCE FL |
| STATE   | VP                                   |
| NAME    | ALEXANDER, RUFUS J., III             |
| ADDRESS | 740 AVE "D"<br>FT. PIERCE FL         |
| STATE   |                                      |
| NAME    |                                      |
| ADDRESS |                                      |
| STATE   |                                      |
| NAME    |                                      |
| ADDRESS |                                      |
| STATE   |                                      |
| NAME    |                                      |
| ADDRESS |                                      |
| STATE   |                                      |

|         |                                              |                                            |                              |
|---------|----------------------------------------------|--------------------------------------------|------------------------------|
| NAME    | PD WILLIAMS, MARJORIE JACKSON                | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Add |
| ADDRESS | 966 NW Bayshore Blvd<br>Pt St Lucie FL 34983 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Add |
| STATE   | DECEASED                                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| NAME    |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| ADDRESS |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| STATE   |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| NAME    |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| ADDRESS |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| STATE   |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| NAME    |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| ADDRESS |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |
| STATE   |                                              | <input type="checkbox"/> Change            | <input type="checkbox"/> Add |

14. I, the undersigned, hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation. I hereby accept the appointment as registered agent for the corporation.

SIGNATURE: *Marjorie Williams* MARJORIE J. WILLIAMS 4/29/95 407-464-2525