

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H54287 (8)
1. Corporation Name
SARAH'S MEMORIAL CHAPEL, INCORPORATED

Principal Place of Business: **728 AVENUE D, P.O. BOX 3588, FORT PIERCE, FL 33483-4610**
Mailing Address: **728 AVENUE D, P.O. BOX 3588, FORT PIERCE, FL 33483-4610**

3. Date Incorporated or Qualified: **12/19/1979**
3a. Date of Last Report: **4/8/96**
4. FFI Number: **59-2623452**
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

APPROVED AND FILED
97 JUN 18 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, to 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 of person or persons appointed agent and file if applicable

PROX Registered Agent signature required when named group

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| 1111 | PD | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, MARJORIE JACKS | |
| STREET ADDRESS | 966 NW BAYSHORE BLVD. | |
| CITY-ST-ZIP | PT. ST. LUCIE FL | |
| 1111 | V | <input type="checkbox"/> DELETE |
| NAME | ALEXANDER, RUFUS | |
| STREET ADDRESS | 740 AVENUE D | |
| CITY-ST-ZIP | FT. PIERCE, FL | |
| 1111 | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 1111 | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 1111 | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III 12

| | |
|-------------------|---|
| 1111 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 600002220836--1 |
| 24 CITY-ST-ZIP | -06/24/97--01008--023 |
| 31 NAME | ****165.00 ****165.00 |
| 32 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

A. Alan
6/18/97

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.113(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Rufus Alexander III* **V P 3/28/97**

CF2E034 (9/96)