

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # S15088 (5)**

1. Corporation Name  
**LAKE COUNTY CREMATION SOCIETY, DIVISION OF ALL FAITHS CREMATION SOCIETY INC.**



Principal Place of Business  
**379 W. ALFRED STREET  
TAVARES FL 32778**

Mailing Address  
**379 W. ALFRED STREET  
TAVARES FL 32778**

3. Date Incorporated or Qualified  
**11/26/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21. **18 LA GRANDE BLVD**

22. Suite, Apt. #, etc.

23. City & State  
**LADY LAKE FL**

24. Zip  
**32159**

25. Country  
**LAKE**

26. Mailing Address  
**18 LA GRANDE BLVD**

27. Suite, Apt. #, etc.

28. City & State  
**LADY LAKE 32159**

29. Zip  
**FL**

30. Country  
**LAKE**

4. FEI Number  
**59-3038658**

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  
**REYNOLDS, SHIRLEY L.  
1524 OAK FOREST DR.  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81. Name  
**RISA E REYNOLDS**

82. Street Address (P.O. Box Number is Not Acceptable)

83. **324 JAMESTOWN DR.**

84. City  
**WINTER PARK**

85. State  
**FL**

Zip Code  
**32159**

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 *Risa E. Reynolds*, **RISA E. REYNOLDS, VICE PRESIDENT/M 4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, DON T.</b>	
STREET ADDRESS	<b>2367 ENTREPRISE - OSTEEN RD</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, SHIRLEY L.</b>	
STREET ADDRESS	<b>1524 OAK FOREST DR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT, M.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RISA E. REYNOLDS</b>	
1.3 STREET ADDRESS	<b>324 JAMESTOWN DR.</b>	
1.4 CITY-ST-ZIP	<b>WINTER PARK FL 32192</b>	
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 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: *Risa E. Reynolds* **4/26/96** **352 7505856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)