

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 018143 (8)

1. Corporation Name

WOODLAWN MEMORIAL PARK, INC.

Principal Place of Business

400 WOODLAWN CEMETERY RD.
GOTHA FL 34734
US

Mailing Address

P.O. BOX 585627
ORLANDO FL 34858
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 1929 ALLEN PARKWAY
27 Suite, Apt. #, etc.
9TH FLOOR DEPT 2934

28 HOUSTON, TEXAS

29 Zip Country
77019 USA

3. Date Incorporated or Qualified

01/09/1932

3a. Date of Last Report

01/17/1995

4. FEI Number

59-0247620

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Debra L. Vincent

Assistant Secretary

DATE

2/14/96

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE
NAME NEEL, DAVID L.
STREET ADDRESS 3802 ROSE OF SHARON DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE CSD ☒ DELETE
NAME NEEL, ROBERT G.
STREET ADDRESS 1415 COUNTRY LANE
CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ DELETE
NAME NEEL, ASHER J.
STREET ADDRESS 1938 HEMPEL AVENUE
CITY-ST-ZIP WINDERMERE FL

TITLE V ☒ DELETE
NAME WILSON, CIFFORD E.
STREET ADDRESS 1520 ISON LANE
CITY-ST-ZIP OCOEE FL

TITLE V ☒ DELETE
NAME BURKE, MICHAEL H.
STREET ADDRESS 2906 PECAN DR.
CITY-ST-ZIP LEESBURG FL

TITLE V ☒ DELETE
NAME SAUNDERS, BRUCE STEPHEN
STREET ADDRESS 1114 TIMOR AVENUE
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME J. DANIEL GARRISON
1.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
1.4 CITY-ST-ZIP HOUSTON TEXAS 77019

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME FRANK BANGO
2.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
2.4 CITY-ST-ZIP HOUSTON, TEXAS 77019

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME J. ASHER NEEL
3.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
3.4 CITY-ST-ZIP HOUSTON TEXAS 77019

4.1 TITLE V/D ☒ Change ☐ Addition
4.2 NAME EARNEST E. POYNTER
4.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
4.4 CITY-ST-ZIP HOUSTON TEXAS 77019

5.1 TITLE S/T/D ☒ Change ☐ Addition
5.2 NAME JOAN B. GOFF
5.3 STREET ADDRESS 1929 ALLEN PRAKWAY 9TH FLOOR DEPT 2934
5.4 CITY-ST-ZIP HOUSTON, TEXAS 77019

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN B. GOFF

2/15/96

(713) 525-5571

Date

Daytime Phone #

CR2E034 (12/95)