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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

1929 ALLEN PKWY  
DEPT 2934  
HOUSTON TX 77019-2507  
US



3. Date Incorporated or Qualified 01/09/1932  
3a. Date of Last Report 03/06/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARRISON, J DANIEL  
STREET ADDRESS 1929 ALLEN PKWY DEPT 2934  
CITY - ST - ZIP HOUSTON TX ☒ DELETE

TITLE V  
NAME BANGO, FRANK  
STREET ADDRESS 1929 ALLEN PKWY DEPT 2934  
CITY - ST - ZIP HOUSTON TX ☒ DELETE

TITLE V  
NAME NEEL, J ASHER  
STREET ADDRESS 1929 ALLEN PKWY DEPT 2934  
CITY - ST - ZIP HOUSTON TX ☐ DELETE

TITLE VD  
NAME POYNTER, EARNEST E  
STREET ADDRESS 1929 ALLEN PKWY DEPT 2934  
CITY - ST - ZIP HOUSTON TX ☒ DELETE

TITLE STD  
NAME GOFF, JOAN B  
STREET ADDRESS 1929 ALLEN PKWY DEPT 2934  
CITY - ST - ZIP LEESBURG FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Richard A. Chesler  
1.3 STREET ADDRESS Dept 2934 9th Floor 1929 Allen Parkway  
1.4 CITY - ST - ZIP Houston Texas 77019

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Kevin R. Daniels  
2.3 STREET ADDRESS Dept 2934 9th Floor 1929 Allen Parkway  
2.4 CITY - ST - ZIP Houston, Texas 77019

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Timothy J. Claiborne  
4.3 STREET ADDRESS Dept 2934 9th Floor 1929 Allen Parkway  
4.4 CITY - ST - ZIP Houston, Texas 77019

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE S ☐ Change ☒ Addition  
6.2 NAME Mary Jane Frazier  
6.3 STREET ADDRESS Dept 2934 9th Floor 1929 Allen Parkway  
6.4 CITY - ST - ZIP Houston, Texas 77019

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ms. Joan B. Goff

1/9/97

(713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)