

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

FILED

May 06 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 # 018300 (4)

1. Corporation Name
WOODLAWN MEMORY GARDENS, INC.

Principal Place of Business
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

Mailing Address
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789-7107



3. Date Incorporated or Qualified 06/09/1948	3a. Date of Last Report 05/01/1996
4. FEI Number 62-1506528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

KNOPKE, RAYMOND C JR.
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KNOPKE, RAYMOND C 1201 S ORLANDO AVE #365 WINTER PARK FL 32789	1.1 TITLE	P/AS Keenan L. Knopke 1201 S. Orlando Ave., # 365 Winter Park, FL 32789
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	P BUTLER, JEFFREY E 2880 SUNSET POINT ROAD CLEARWATER FL	2.1 TITLE	VP/AS/D Brent F. Heffron 1201 S. Orlando Ave., # 365 Winter Park, FL 32789
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V YOUNG, TERRY 2880 SUNSET POINT ROAD CLEARWATER FL	3.1 TITLE	D William E. Rowe 110 Veterans Memorial Blvd. Metairie, LA 70005
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS BUDE, KENNETH C 110 VETERANS BLVD METAIRIE LA	4.1 TITLE	D Joseph P. Henican III 110 Veterans Memorial Blvd. Metairie, LA 70005
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VPT MATASAVAGE, FRANK L 2400 HARRELL ROAD ORLANDO FL 32817	5.1 TITLE	I Frank L. Matasavage 1201 S. Orlando Ave., # 365 Winter Park, FL 32789
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VS OLVEY, CORINNE L 1201 S ORLANDO AVE, #365 WINTER PARK FL	6.1 TITLE	S Corinne I. Olvey 1201 S. Orlando Ave., # 365 Winter Park, FL 32789
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Corinne I. Olvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey
4/28/97 407/740-7000

Daytime Phone #

CR2E034 (9/96)

WOODLAWN MEMORY GARDENS, INC.

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS
LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not
available in Block 13 of the original form completed:

AS

Ronald H. Patron
110 Veterans Memorial Blvd.
Metairie, LA 70005

ADDITION