

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  
Mar 06 1996 8:00 am  
Secretary of State

DOCUMENT # 198834 (4)

1. Corporation Name

BREVARD MEMORIAL PARK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9102 N. MERIDIAN ST., SUITE 300  
INDIANAPOLIS IN 46260

9102 N MERIDIAN ST., SUITE 300  
INDIANAPOLIS IN 46260

2. Principal Place of Business

21 PO BOX 309

Suite, Apt. #, etc.

22 City & State  
23 SHARPES FL

Zip

24 32959

Country

25 USA

2a. Mailing Address

26 1929 Allen Parkway

Suite, Apt. #, etc.

27 9th Floor, Dept 2934

City & State

28 Houston, Texas 77019

Zip

29 77019

Country

30 USA

3. Date Incorporated or Qualified

01/04/1957

3a. Date of Last Report

03/21/1995

4. FEI Number

59-0835168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

TIGHE, CHARLES W.  
1589 COLONIAL BLVD  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name The Prentice-Hall Corp System

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street, Suite 105

83

84 City Tallahassee

FL

85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0302 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, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

*Debra A. Underwood*

Assistant Secretary

2/14/96

(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 BRAMMER, TIMOTHY F.  
STREET ADDRESS 9102 N. MERIDIAN STE 300  
CITY-ST-ZIP INDIANAPOLIS IN ☒ DELETE

TITLE VPD  
NAME BRAMMER, JAY A.  
STREET ADDRESS 9102 N. MERIDIAN STE 300  
CITY-ST-ZIP INDIANAPOLIS IN ☒ DELETE

TITLE STD  
NAME SHOGER, NEAL G.  
STREET ADDRESS 9102 N. MERIDIAN STE 300  
CITY-ST-ZIP INDIANAPOLIS IN ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 J. Daniel Garrison  
1.3 STREET ADDRESS 1929 Allen Parkway, 9th Floor Dept 2934  
1.4 CITY-ST-ZIP Houston, TX 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/D ☒ Change ☐ Addition  
3.2 NAME EARNEST E. POYNTER  
3.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934  
3.4 CITY-ST-ZIP HOUSTON TEXAS 77019

4.1 TITLE S/T/D ☐ Change ☒ Addition  
4.2 NAME JOAN B. GOFF  
4.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934  
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 ☐ 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 as an attachment with a new address.

SIGNATURE:

JOAN B. GOFF

2/15/96

(713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)