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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

**DOCUMENT #** Corporation Name.

198834

(4)

BREVARD MEMORIAL PARK ASSOCIATION, INC.

**FILED** Mar 06 1996 8:00 am Secretary of State



9102 N MERI			Mailing Address					
Principa' Piace of Business 9102 N. MERIDIAN ST., SUITE 300 INDIANAPOLIS IN 46260			9102 N MERIDIAN ST., SUITE 300 INDIANAPOLIS IN 46260					
						3. Date Incorporated or Qualified 01/04/1957	3a. Date of Las 03/21/	
2. Principal Pia			2a. Mailing Address	\\		4. FEI Number		Applied For
PO BOX	309	···-	<sub>26</sub> 1929 Allen F	arkway		59-0835168		Not Applicable
= ⊆irte, Apt. #  -	, etc.		Suite, Apt. #, etc. 9th Floor, I	Dept 2934	ŀ	5. Certificate of Status Desired	1 1 T	75 Additional se Required
City & State			City & State			6. Election Campaign Financing	\$5	.00 May Be
SHARP			28 Houston, Te	exas 770	)19	Trust Fund Contribution	□ Ac	ided to Fees
Zφ 		Country USA	77019	Country USA		8. This corporation has liability for Florida Statutes	r intangible tax unde s No	rs 199.032,
32959		d Address of Current		30		10. Name and Address of New		
	g. realite at			81	Namerhe I	Prentice-Hall Corp	System	
TIGHE. (	CHARLES W			82	Street Address	s (P.O. Box Number is Not Accepta	ible)	
	DLONIAL BLY				1201 Hay	s (P.O. Box Number is Not Accepta ys Street, Suite 1	05	
	RS FL 33901			83				
				84	City		<b></b> 85	Zio C∞ie 32301
					Tallaha	assee	FL   S	
<ol> <li>Pursuant to or registere</li> </ol>	o the provision ad afient, or bo	s of Sections 607 /1502 a oth, in the State of Florid	ing 607.1508, Florida Statute I-\$uch change was authorize	es, the above-har ed by the corpor	mea corporau <b>Mian's ba</b> alid	ion submits this statement for the proof and took of the ap	pointment as registe	ered agent. I am
familiar with	n Androdot	the obligations A. Section	n (107.0505) Togida Statytes.	Ae	nd ntari	, Scoretary	2/11/9	<i>(</i> -
GNATURE .	MM	orinted traine of registered agent a	week _	TE Registered Agent's			$\mathcal{O}_{DATE}$	<b>O</b>
	B grianae, typed or t	OFFICERS AND		13.	ag enorchodas ad m	ADDITIONS/CHANGES TO OF		CTORS IN 12
i	PD		[X] DELETE	1 1 TITLE	PD		X Chan	ige 🔲 Addition
Mí	BRAMME	r, timothy f.		1.2 NAME	J.Da	aniel Garrison		
		r, timothy f. Meridian ste 300		1.2 NAME 1.3 STREET AL			th Floor D	ept 2934
HEEL ACIDRESS		MERIDIAN STE 300			DORESS 1929			
REECACIORESS TY-ST-ZIP	9102 N.	MERIDIAN STE 300	<b>∑</b> DEFE1E	1.3 STREET AL	DORESS 1929		th Floor Do	
REECACIORESS TY-ST-ZIP LEE	9102 N. I INDIANAI VPD	MERIDIAN STE 300	<b>∑</b> DELE1E	1.3 STREET AL 1.4 CITY-ST-	DORESS 1929 House V FRAI	9 Allen Parkway, 9 ston, TX 77019	XX Char	nge 🔲 Addition
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119:0/(3)(k), Fiorida Statutes. Furnier 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 logal 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 of an attachment with a partiess.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

JOAN B. GOFF

2/15/96

(713)525-5571

Daytime Phone #