

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

97 OCT -6 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 229896 (6)
1. Corporation Name
SUNSET MEMORIAL PARK INC



Principal Place of Business Mailing Address
640 MARY MCLEOD BETHUNE BETHUNE COOKMAN COLLEGE DAYTONA BCH FL 32114
640 MARY MCLEOD BETHUNE BETHUNE COOKMAN COLLEGE DAYTONA BCH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Bethune-Cookman College 26 Bethune-Cookman College
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 640 Dr. Mary McLeod Bl 27 640 Dr. Mary McLeod Bl
City & State City & State
23 Daytona Beach, FL 28 Daytona Beach, FL
Zip Country Zip Country
24 32114 25 U.S.A. 29 32114 30 U.S.A.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/09/1959 02/20/1996
4. FEI Number Applied For
59-0903196 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
COOK, ERNEST C
640 MARY MCLEOD BETHUNE BLVD.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent
81 Name Charles D. O'Duor
82 Street Address (P.O. Box Number is Not Acceptable) 640 Dr. Mary McLeod Bethune Blvd.
83
84 City Daytona Beach FL 85 Zip Code 32114

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 *Charles D. O'Duor* Charles D. O'Duor, VP for Fiscal Affairs 7/25/97
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	TO	<input type="checkbox"/> DELETE
NAME	O'DOUR, CHARLES D.	
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRONSON, OSWALD P	
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President-Fiscal Affairs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Duor, Charles D.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bronson Sr., Dr. Oswald P.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

600002316066-0
-10/09/97--01069--002
****611.25 ****550.00

O. alman
10/6/97

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: *Charles D. O'Duor* 7/25/97 (904) 255-1401 Ext. 210

CR2E034 (4/97)