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Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 037 ***558.75

PROFIT
CORPORATION,
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 229896

1. Corporation Name
SUNSET MEMORIAL PARK INC

Principal Place of Business
**640 MARY MCLEOD BETHUNE
BETHUNE COOKMAN COLLEGE
DAYTONA BEACH FL 32114**

Mailing Address
**640 MARY MCLEOD BETHUNE
BETHUNE COOKMAN COLLEGE
DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1959

4. FEI Number
59-0903196

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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 Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'DUOR, CHARLES D
640 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BEACH FL 32114**

81 Name
DR. JNO S. FRINK

82 Street Address (P.O. Box Number is Not Acceptable)
640 Dr. Mary McLeod 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPA** ☒ DELETE
NAME **O'DOUR, CHARLES D.**
STREET ADDRESS **640 DR. MARY MCLEOD BETHUNE BLVD.**
CITY-ST-ZIP **DAYTONA BCH, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
EXECUTIVE VICE PRESIDENT
DR. JNO. S. FRINK
640 Dr. Mary M Betune Blvd. DB, FL 32114

TITLE **P** ☐ DELETE
NAME **BRONSON, OSWALD P**
STREET ADDRESS **640 MARY MCLEOD BETHUNE BLVD.**
CITY-ST-ZIP **DAYTONA-BCH, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CB** ☐ DELETE
NAME **HOLMES, JR W P**
STREET ADDRESS **640 DR MARY MCLEOD BETHUNE BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99 904-283-0051

Date

Daytime Phone #

CR2E034 (11/98)