

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 04 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 432704 (5)**  
1. Corporation Name  
**RIVERSIDE MEMORIAL PARK, INC.**



Principal Place of Business  
**4534 COUNTY LINE RD.  
P.O. BOX 3768  
TEQUESTA FL 33469  
US**

Mailing Address  
**4534 COUNTY LINE RD.  
P.O. BOX 3768  
TEQUESTA FL 33469-0768  
US**

3. Date incorporated or Qualified **08/13/1973** 3a. Date of Last Report **02/21/1995**

4. FEI Number **59-1493510** 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 has liability for intangible tax under s. 199.032, Florida Statutes  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 28 Zip

24 Country 25 Country 29 Country 30 Country

**9. Name and Address of Current Registered Agent**

**ROOD, ROY S.  
208 SHELTER LANE  
JUPITER FL 33469**

**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 remaining) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ROOD, ROY S.</b>	
STREET ADDRESS	<b>208 SHELTER LANE</b>	
CITY-STATE-ZIP	<b>JUPITER FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WHITESSELL, THOMAS C.</b>	
STREET ADDRESS	<b>257 GOLFVIEW DRIVE</b>	
CITY-STATE-ZIP	<b>TEQUESTA FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>ROOD, PATRICIA M.</b>	
STREET ADDRESS	<b>208 SHELTER LANE</b>	
CITY-STATE-ZIP	<b>JUPITER FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>ROOD, PATRICIA M.</b>	
STREET ADDRESS	<b>208 SHELTER LANE</b>	
CITY-STATE-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 on an attachment with an address.

**SIGNATURE:** *Roy S. Rood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/96* 407 747-1100  
DATE TELEPHONE

CR2E034 (12/95)