

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

2. Principal Place of Business	2a. Mailing Address	4. FLI Number	Applied For
21	26	59-1493510	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

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
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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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOD, ROY S.	1.2 NAME	
STREET ADDRESS	208 SHELTER LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITESSELL, THOMAS C.	2.2 NAME	
STREET ADDRESS	257 GOLFVIEW DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TEQUESTA FL	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOD, PATRICIA M.	3.2 NAME	
STREET ADDRESS	208 SHELTER LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL	3.4 CITY-STATE-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOD, PATRICIA M.	4.2 NAME	
STREET ADDRESS	208 SHELTER LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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)