

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 FEB - 7 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 702071 (2)**

**1. Corporation Name  
FLORIDA CEMETERY ASSOCIATION, INC.**

**Principal Place of Business Mailing Address**  
21700 OLD DIXIE HIGHWAY  
P. O. BOX 1349  
HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/27/1961</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FBI Number <b>59-1694817</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P. O. Box 901349
22 City & State	27 Homestead, Florida
23 Zip Country	28 Homestead, Florida
24 33090-1349	29 33090-1349
	30 U.S.A.

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

COLEMAN, PHILLIP LLOYD  
27100 OLD DIXIE HIGHWAY  
NARANJA FL 33032

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 Phillip Lloyd Coleman DATE 1-12-95

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DANIELS, KEVIN R.
STREET ADDRESS	2323 W. BRANDON BLVD.
CITY-ST-ZIP	BRANDON FL
TITLE	STD
NAME	COLEMAN, PHILLIP LLOYD
STREET ADDRESS	27100 OLD DIXIE HIGHWAY
CITY-ST-ZIP	HOMESTEAD FL
TITLE	VD
NAME	GARRISON, DAN
STREET ADDRESS	4500 HUGH HOWELL RD. #740
CITY-ST-ZIP	TUCKER GA
TITLE	VD
NAME	MUELLER, RICHARD
STREET ADDRESS	4535 MAIN ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. Daniel Garrison	
1.3 STREET ADDRESS	4500 Hugh Howell Road #740	
1.4 CITY-ST-ZIP	Tucker, GA 30084	
2.1 TITLE	"D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	1st Vice President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Mueller	
3.3 STREET ADDRESS	4535 Main Street	
3.4 CITY-ST-ZIP	Jacksonville, FL 32206	
4.1 TITLE	2nd Vice President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Skip Knopke	
4.3 STREET ADDRESS	1201 S. Orlando Ave. #365	
4.4 CITY-ST-ZIP	Winter Park, FL 32789	
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		

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 110.07(3)(b), 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 person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: Phillip Lloyd Coleman DATE 1-12-95 TELEPHONE 305-247-4218

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ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB - 2 PH 1:47

**DOCUMENT # 703812 (8)**

1. Corporation Name  
**APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, IN  
C.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**200 N KINGSWAY ROAD BRANDON FL 33510**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/30/1962</b>	3a. Date of Last Report <b>01/28/1994</b>
4. FEI Number <b>59-6553141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suits, Apt. #, etc. 22	Suits, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**B. Name and Address of Current Registered Agent**  
**CANNIFF-KUHN, TIM  
4124 CANOGA PARK DR  
BRANDON FL 33511**

**10. Name and Address of New Registered Agent**  
81 Name  
**Carlson, Harry A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2533 Wrencrest**  
83  
84 City  
**Valrico** 85 Zip Code  
**FL 33594**

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 **Harry A. Carlson** DATE **1/11/95**

**12. OFFICERS AND DIRECTORS**

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

TITLE <b>P</b>	NAME <b>ROGER ZWYGART</b>	STREET ADDRESS <b>2203 S. WATERMAN DR.</b>	CITY-ST-ZIP <b>VALRICO FL 33594</b>
TITLE <b>VD</b>	NAME <b>ART STOUTENBURG</b>	STREET ADDRESS <b>4005 WOODS POINTE WAY</b>	CITY-ST-ZIP <b>VALRICO FL 33594</b>
TITLE <b>T</b>	NAME <b>DIODATE, DAVID</b>	STREET ADDRESS <b>P.O. BOX 3791</b>	CITY-ST-ZIP <b>PLANT CITY FL</b>
TITLE <b>S</b>	NAME <b>JOHNSON, KAREN</b>	STREET ADDRESS <b>3125 BLOOMINGDALE VILLAS</b>	CITY-ST-ZIP <b>BRANDON FL</b>
TITLE <b>T</b>	NAME <b>HENRY, PAUL</b>	STREET ADDRESS <b>1308 PEACHFIELD</b>	CITY-ST-ZIP <b>VALRICO FL</b>
TITLE <b>D</b>	NAME <b>CANNIFF-KUHN, MARY</b>	STREET ADDRESS <b>4124 CANOGA PARK DR.</b>	CITY-ST-ZIP <b>BRANDON FL</b>

1.1 TITLE <b>P</b>	1.2 NAME <b>Art Stoutenburg</b>	1.3 STREET ADDRESS <b>4005 Woods Pointe Dr.</b>	1.4 CITY-ST-ZIP <b>Brandon, Florida 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>V</b>	2.2 NAME <b>Jerry Aden</b>	2.3 STREET ADDRESS <b>302 Hutch Ct.</b>	2.4 CITY-ST-ZIP <b>Brandon, Florida 33510</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <b>D</b>	6.2 NAME <b>Harry A. Carlson</b>	6.3 STREET ADDRESS <b>2533 Wrencrest</b>	6.4 CITY-ST-ZIP <b>Valrico, Florida 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: **Harry A. Carlson** DATE: **1/11/95** (812) 689-2571