


FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 702071 (2)
 1. Corporation Name
FLORIDA CEMETERY ASSOCIATION, INC.



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| Principal Place of Business 21700 OLD DIXIE HIGHWAY P. O. BOX 1349 HOMESTEAD FL 33090 | Mailing Address P.O. BOX 561008 HOMESTEAD FL 33090-1349 |
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|---|--|
| 3. Date Incorporated or Qualified 02/27/1961 | 3a. Date of Last Report 02/07/1995 |
| 4. FEI Number 59-1694817 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 9013 SW 78 PL | 2a. Mailing Address Po Box 561008 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. M |
| 23. City & State Miami FL | 28. City & State Miami FL |
| 24. Zip 33156 | 25. Country USA |
| 29. Zip 33256 | 30. Country USA |

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

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|---|
| 81. Name PHILLIP LLOYD COLEMAN |
| 82. Street Address (P.O. Box Number is Not Acceptable) 9013 SW 78 PL MAIL TO P.O. |
| 83. City Box 561008 Miami FL 33256 |
| 84. City Miami |
| 85. Zip Code FL 33256 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Phillip Lloyd Coleman DATE **4/28/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|--|
| TITLE PD Asst Pres | NAME GARRISON, J. DANIEL | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 4500 HUGH HOWELL ROAD, #740 | CITY-ST-ZIP TUCKER GA 30084 | |
| TITLE D | NAME COLEMAN, PHILLIP LLOYD | <input type="checkbox"/> DELETE |
| STREET ADDRESS 27100 OLD DIXIE HIGHWAY | CITY-ST-ZIP HOMESTEAD FL | |
| TITLE VD | NAME MUELLER, RICHARD | <input type="checkbox"/> DELETE |
| STREET ADDRESS 4535 MAIN STREET | CITY-ST-ZIP JACKSONVILLE FL 32206 | |
| TITLE VD | NAME KNOPKE, SKIP | <input type="checkbox"/> DELETE |
| STREET ADDRESS 1201 S. ORLANDO AVENUE, #365 | CITY-ST-ZIP WINTER PARK FL 32789 | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| 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 RICHARD MUELLER | |
| 1.3 STREET ADDRESS 4535 MAIN ST | |
| 1.4 CITY-ST-ZIP JACKSONVILLE FLA 32206 | |
| 2.1 TITLE SECRETARY TREAS D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME PHILLIP LLOYD COLEMAN | |
| 2.3 STREET ADDRESS PO BOX 561008 9013 SW 78 PL | |
| 2.4 CITY-ST-ZIP MIAMI FL 33256 | |
| 3.1 TITLE RICH SWANSON U.P.D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME RICK SWANSON | |
| 3.3 STREET ADDRESS PO BOX 568 | |
| 3.4 CITY-ST-ZIP LEHIGH ACRES FL 32970 | N.A. |
| 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 | |

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip Lloyd Coleman Sec/Tr 4/29/96 305 881 4469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)