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NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra Northam  
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

P.O. BOX 901349  
HOMESTEAD FL 33090-1349

3. Date Incorporated or Qualified

02/27/1961

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 9013 SW 78 PL

26 P.O. Box 561008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 M.

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

24 33156

29 33256

Country

USA

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, PHILLIP LLOYD  
27100 OLD DIXIE HIGHWAY  
NARANJA FL 33032

81 Name PHILLIP LLOYD COLEMAN

82 Street Address (P.O. Box Number is Not Acceptable) 9013 SW 78 PL MAIL TO P.O.

83 Box 561008 Miami FL 33256

84 City Miami FL 85 Zip Code 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

4/28/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD Pres  
NAME GARRISON, J. DANIEL  
STREET ADDRESS 4500 HUGH HOWELL ROAD, #740  
CITY-ST-ZIP TUCKER GA 30084

1.1 TITLE PRESIDENT  
1.2 NAME RICHARD MUELLER  
1.3 STREET ADDRESS 4535 MAIN ST  
1.4 CITY-ST-ZIP JACKSONVILLE FLA 32206

TITLE D  
NAME COLEMAN, PHILLIP LLOYD  
STREET ADDRESS 27100 OLD DIXIE HIGHWAY  
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE SECRETARY TREASURER  
2.2 NAME PHILLIP LLOYD COLEMAN  
2.3 STREET ADDRESS P.O. Box 561008 9013 SW 78 PL  
2.4 CITY-ST-ZIP MIAMI FL 33256

TITLE VD  
NAME MUELLER, RICHARD  
STREET ADDRESS 4535 MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL 32206

3.1 TITLE RICHARD SWANSON U.P.D.  
3.2 NAME RICHARD SWANSON  
3.3 STREET ADDRESS P.O. Box 568  
3.4 CITY-ST-ZIP LEHIGH ACRES FL 32970 N.A.

TITLE VD  
NAME KNOPKE, SKIP  
STREET ADDRESS 1201 S. ORLANDO AVENUE, #365  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 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/rec 4/29/96 305 881 4469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)