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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

8013 SW 78 PLACE
MIAMI FL 33156P.O. BOX 581008
MIAMI FL 33256-10083. Date Incorporated or Qualified
02/27/19613a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, PHILLIP LLOYD
9013 SW 78 PL
MIAMI FL 33156

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MUELLER, RICHARD R
STREET ADDRESS 4335 MAIN ST
CITY-ST-ZIP JACKSONVILLE FL 322061.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD
NAME COLEMAN, PHILLIP LLOYD
STREET ADDRESS 9013 SW 78 PL
CITY-ST-ZIP MIAMI FL 331522.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VPD
NAME SWANSON, RICK
STREET ADDRESS P.O. BOX 568
CITY-ST-ZIP LEHIGH ACRES FL 339703.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD
NAME KNOPKE, SKIP
STREET ADDRESS 1201 S. ORLANDO AVENUE, #365
CITY-ST-ZIP WINTER PARK FL 327894.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE VPD LANSER FERO
5.2 NAME
5.3 STREET ADDRESS 5971 N. LECANTO HWY
5.4 CITY-ST-ZIP BEVERLY HILLS FL 33446TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature and typed or printed name of signing officer or director

SCL/TAMM

1/16/97

305 884469

Daytime Phone # 0034062

CR2E037 (9/96)