

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702071 (2)**  
1. Corporation Name  
**FLORIDA CEMETERY ASSOCIATION, INC.**



Principal Place of Business <b>8013 SW 78 PLACE MIAMI FL 33156</b>	Mailing Address <b>P.O. BOX 561008 MIAMI FL 33256</b>
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3. Date Incorporated or Qualified <b>02/27/1961</b>		
4. FEI Number <b>59-1694817</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>9013 SW 78 PL</b> Suite, Apt. #, etc.	2a. Mailing Address 28
22 City & State 23 <b>Miami FL</b>	27 City & State
24 Zip <b>33156</b>	25 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**COLEMAN, PHILLIP LLOYD  
9013 SW 78 PL  
MIAMI FL 33156**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, PHILLIP LLOYD</b>	1.2 NAME	
STREET ADDRESS	<b>9013 SW 78 PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33152</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWANSON, RICK</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 568</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33970</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNOPKE, SKIP</b>	3.2 NAME	
STREET ADDRESS	<b>1201 S. ORLANDO AVENUE, #365</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANSE FERD</b>	4.2 NAME	
STREET ADDRESS	<b>5971 N. LECANTO HWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BEVERLY HILLS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**PD SWANSON, RICK**  Change  Addition  
**12777 STATE RD #82 FT MYERS FL 33913**

**VD OLVEY, CORINNE**  Change  Addition  
**1201 S. ORLANDO AVE WINTER PARK FL 32789** *ALF #365 32789*

14. I 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 in an attachment with an address.

SIGNATURE: *[Signature]* Secretary of State 2/12/98

CR2E037 (10/97)