

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730242 (5)
1. Corporation Name
FUNERAL AND MEMORIAL SOCIETY OF LEON COUNTY, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1006 BUENA VISTA DR. TALLAHASSEE FL 32304

3. Date Incorporated or Qualified 07/19/1974
3a. Date of Last Report 04/25/1994
4. FEI Number 59-2355002
Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHIFER, GREGG
1584 MARION AVENUE
TALLAHASSEE FLORIDA FL 32303
Dr. Gregg Phifer
Department of Communication
Florida State University
Tallahassee, Florida 32306

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
FL

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 CHARLES W. SWAIN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required) DATE 02/17/95

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	ALLEN, RODNEY F.
STREET ADDRESS	1105 LASSWADE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	SWAIN, CHARLES W.
STREET ADDRESS	1006 BUENA VISTA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	D
NAME	PHIFER, GREGG
STREET ADDRESS	1584 MARION AVE.
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	TD
NAME	MASEK, JUNE G
STREET ADDRESS	1221 SEDGEFIELD RD
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	MAIER, FRANK (delete)
STREET ADDRESS	1704 KATHRYN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	PD
NAME	WILLIAMS, POLLY S
STREET ADDRESS	2715 BLAIR STONE LN
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500001426895
1.4 CITY-ST-ZIP	-03/10/95--01052--017
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	T.S. 3/8/95
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	DREYFUS, JOAN
5.3 STREET ADDRESS	9601 MICCOSUKEE RD., MLC #22
5.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this chart, or in an attachment with an address.

SIGNATURE: Charles W. Swain (Charles W. Swain) 2-27-95 224-2002