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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business: 1006 BUENA VISTA DR. TALLAHASSEE FL 32304  
Mailing Address: 1006 BUENA VISTA DR. TALLAHASSEE FL 32304-1810

3. Date Incorporated or Qualified: 07/19/1974  
3a. Date of Last Report: 02/09/1996  
4. FEI Number: 59-2355002  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent: SWAIN, CHARLES W. 1006 BUENA VISTA DRIVE TALLAHASSEE FL 32304  
10. Name and Address of New Registered Agent:  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	[ ] Change [ ] Addition
NAME	ALLEN, RODNEY F.	12 NAME	
STREET ADDRESS	1105 LASSWADE DRIVE	13 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	14 CITY-ST- ZIP	
TITLE	SD	21 TITLE	[ ] Change [ ] Addition
NAME	SWAIN, CHARLES W.	22 NAME	
STREET ADDRESS	1006 BUENA VISTA DR.	23 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE, FL 00000	24 CITY-ST- ZIP	
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	PHIFER, GREGG	32 NAME	
STREET ADDRESS	1584 MARION AVE.	33 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE, FL 00000	34 CITY-ST- ZIP	
TITLE	TD	41 TITLE	[ ] Change [ ] Addition
NAME	MASEK, JUNE G	42 NAME	
STREET ADDRESS	1221 SEDGEFIELD RD	43 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	44 CITY-ST- ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	DREYFUS, JOAN	52 NAME	
STREET ADDRESS	9601 MICCOSUKEE RD. MLC.	53 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL 32308	54 CITY-ST- ZIP	
TITLE	PD	61 TITLE	[ ] Change [ ] Addition
NAME	WILLIAMS, POLLY S	62 NAME	
STREET ADDRESS	2715 BLAIR STONE LN	63 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	64 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 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 this corporation or its 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 amendment with an address.

SIGNATURE: *Charles W. Swain* March 6, 1997 224-2082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008224

CR2E037 (9/96)