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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730242

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/19/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2355002

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAIN, CHARLES W.
1006 BUENA VISTA DRIVE
TALLAHASSEE FL 32304

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 ☐ DELETE

NAME **VPD**
ALLEN, RODNEY F.
STREET ADDRESS **1105 LASSWADE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD**
Allen, Rodney F.
1.3 STREET ADDRESS **1105 Lasswade Drive**
1.4 CITY-ST-ZIP **Tallahassee FL 32312-2843**

TITLE ☐ DELETE

NAME **SD**
SWAIN, CHARLES W.
STREET ADDRESS **1006 BUENA VISTA DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
PHIFER, GREGG
STREET ADDRESS **1584 MARION AVE.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
CLAY, LOUISE
STREET ADDRESS **3007 ECHO POINT LN**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
LUEBKEMANN, HEINZ
STREET ADDRESS **3004 BROOKMONT DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **PD**
WILLIAMS, POLLY S
STREET ADDRESS **2715 BLAIR STONE LN**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **VPD**
Murphy, John J. S.
6.3 STREET ADDRESS **410 Victory Garden Drive, # 127**
6.4 CITY-ST-ZIP **Tallahassee FL 32301-3248**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE [Charles W. Swain]**

19 March 1999

(850) 224-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)