

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:49

DOCUMENT # 732879 (2)
1. Corporation Name

FUNERAL AND MEMORIAL SOCIETY OF BREVARD COUNTY, INC.

Principal Place of Business Mailing Address
UNTY, INC. UNTY, INC.
75 CARRIGAN BLVD. 75 CARRIGAN BLVD.
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1975** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-1616260** Applied For Not Applicable
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAXTON, NORMAN L.
75 CARRIGAN BLVD
MERRITT ISLAND FL 32952

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 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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HORGAN, MARY
STREET ADDRESS	10090 S TROPICAL TR
CITY-ST-ZIP	MERRITT ISL FL
TITLE	D
NAME	ARMISTEAD, BETTY
STREET ADDRESS	58 VALENCIA ROAD
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	D
NAME	CURRY, THOMAS
STREET ADDRESS	138 W. LEON LANE
CITY-ST-ZIP	COCOA BCH FL 00000
TITLE	S
NAME	MURPHY, THOMAS W
STREET ADDRESS	1597 PIONEER DR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	TD
NAME	TURNER, JO
STREET ADDRESS	1375 BYRD COURT
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	PD
NAME	PAXTON, NORMAN L
STREET ADDRESS	75 CARRIGAN BLVD
CITY-ST-ZIP	MERRITT ISLD, FL 00000

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Norman L. Paxton*
NORMAN L. PAXTON

3/17/95 407/453 4109
DATE BY THE PERSON