

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 732879 (2)

1. Corporation Name

FUNERAL AND MEMORIAL SOCIETY OF BREVARD COUNTY,
INC.



Principal Place of Business

Mailing Address

UNTY. INC.
75 CARRIGAN BLVD.
MERRITT ISLAND FL 32952

UNTY. INC.
75 CARRIGAN BLVD.
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified

05/29/1975

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1616260

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

Zip

Country

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

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 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORGAN, MARY	
STREET ADDRESS	10090 S TROPICAL TR	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARMISTEAD, BETTY	
STREET ADDRESS	56 VALENCIA ROAD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, THOMAS	
STREET ADDRESS	138 W. LEON LANE	
CITY-ST-ZIP	COCOA BCH, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, THOMAS W	
STREET ADDRESS	1597 PIONEER DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TURNER, JO	
STREET ADDRESS	1375 BYRD COURT	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAXTON, NORMAN L	
STREET ADDRESS	75 CARRIGAN BLVD	
CITY-ST-ZIP	MERRITT ISLD, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BRADLEY, FRANK	
13 STREET ADDRESS	427 Timberlake Drive	
14 CITY-ST-ZIP	Melbourne, FL 32940	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	FLOYD, William	
23 STREET ADDRESS	226 6th Avenue	
24 CITY-ST-ZIP	Melbourne Beach, FL 32951	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LANE, Jean P	
43 STREET ADDRESS	250 Sykes Creek Parkway	
44 CITY-ST-ZIP	Merritt Island, FL 32952	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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.

SIGNATURE:

Norman Paxton Norman Paxton

4/24/96

407/453-4109

CR2E037 (12/95)