

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

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75 CARRIGAN BLVD.
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified 05/29/1975	3a. Date of Last Report 03/22/1995
4. FEI Number 59-1616260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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	D <input checked="" type="checkbox"/> DELETE	11 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORGAN, MARY	12 NAME	BRADLEY, FRANK
STREET ADDRESS	10090 S TROPICAL TR	13 STREET ADDRESS	427 Timberlake Drive
CITY-ST-ZIP	MERRITT ISL FL	14 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMISTEAD, BETTY	22 NAME	FLOYD, William
STREET ADDRESS	56 VALENCIA ROAD	23 STREET ADDRESS	226 6th Avenue
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP	Melbourne Beach, FL 32951
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, THOMAS	32 NAME	
STREET ADDRESS	138 W. LEON LANE	33 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, THOMAS W	42 NAME	LANE, Jean P
STREET ADDRESS	1597 PIONEER DR.	43 STREET ADDRESS	250 Sykes Creek Parkway
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	TD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JO	52 NAME	
STREET ADDRESS	1375 BYRD COURT	53 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	54 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXTON, NORMAN L	62 NAME	
STREET ADDRESS	75 CARRIGAN BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLD, FL 00000	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date, time, phone #

CR2E037 (12/95)