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May 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 # 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 32952-5045



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified
05/29/1975

3a. Date of Last Report
05/01/1996

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME BRADLEY, FRANK
STREET ADDRESS 427 TIMBERLAKE DRIVE
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME ARLINE MASON
1.3 STREET ADDRESS APT 106 115 N. INDIAN RIVER DRIVE
1.4 CITY-ST-ZIP COCOA, FL 32922

TITLE D ☐ DELETE
STREET ADDRESS 228 6TH AVENUE
CITY-ST-ZIP MELBOURNE BEACH FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME BETTY ARMISTEAD
2.3 STREET ADDRESS 56 VALENCIA ROAD
2.4 CITY-ST-ZIP ROCKLEDGE-FL 32955

TITLE D ☐ DELETE
NAME CURRY, THOMAS
STREET ADDRESS 138 W. LEON LANE
CITY-ST-ZIP COCOA BCH, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME LANE, JEAN P
STREET ADDRESS 250 SYKES CREEK PARKWAY
CITY-ST-ZIP MERRITT ISLAND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME TURNER, JO
STREET ADDRESS 1375 BYRD COURT
CITY-ST-ZIP ROCKLEDGE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME PAXTON, NORMAN L
STREET ADDRESS 75 CARRIGAN BLVD
CITY-ST-ZIP MERRITT ISLD, FL 00000

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Norman L. Paxton

4/26/97

407/453-4109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020046

CR2E037 (9/96)