

FILE NOW: FILING FEE IS \$61.25

FILED  
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

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

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

9. Name and Address of Current Registered Agent  
PAXTON, NORMAN L.  
75 CARRIGAN BLVD  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent  
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  
TITLE  DELETE  
NAME VD  
STREET ADDRESS BRADLEY, FRANK  
CITY - ST - ZIP 427 TIMBERLAKE DRIVE MELBOURNE FL  
TITLE  DELETE  
NAME D  
STREET ADDRESS 225 6TH AVENUE  
CITY - ST - ZIP MELBOURNE BEACH FL  
TITLE  DELETE  
NAME D  
STREET ADDRESS CURRY, THOMAS  
CITY - ST - ZIP 138 W. LEON LANE COCOA BCH, FL 00000  
TITLE  DELETE  
NAME SD  
STREET ADDRESS LANE, JEAN P  
CITY - ST - ZIP 250 SYKES CREEK PARKWAY MERRITT ISLAND FL  
TITLE  DELETE  
NAME TD  
STREET ADDRESS TURNER, JO  
CITY - ST - ZIP 1375 BYRD COURT ROCKLEDGE FL  
TITLE  DELETE  
NAME PD  
STREET ADDRESS PAXTON, NORMAN L  
CITY - ST - ZIP 75 CARRIGAN BLVD MERRITT ISLD, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME SD  
1.3 STREET ADDRESS ARLINE MASON  
1.4 CITY - ST - ZIP APT 106 115 N. INDIAN RIVER DRIVE COCOA, FL 32922  
2.1 TITLE  Change  Addition  
2.2 NAME D.  
2.3 STREET ADDRESS BETTY ARMISTEAD  
2.4 CITY - ST - ZIP 56 VALENCIA ROAD ROCKLEDGE - FL 32955  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
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)