

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732879 (2)

1. Corporation Name

FUNERAL AND MEMORIAL SOCIETY OF BREVARD COUNTY, INC.



Principal Place of Business <b>75 CARRIGAN BLVD. MERRITT ISLAND FL 32952</b>	Mailing Address <b>75 CARRIGAN BLVD. MERRITT ISLAND FL 32952</b>
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3. Date Incorporated or Qualified <b>05/29/1975</b>
4. FEI Number <b>59-1616260</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PAXTON, NORMAN L. 75 CARRIGAN BLVD MERRITT ISLAND FL 32952</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	MASON, MELINE
STREET ADDRESS	APT 106 115TH N INDIAN RIVER DR
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLOYD, WILLIAM
STREET ADDRESS	226 6TH AVENUE
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CURRY, THOMAS
STREET ADDRESS	138 W. LEON LANE
CITY-ST-ZIP	COCOA BCH, FL 00000
TITLE	TD <input checked="" 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
TITLE	<input type="checkbox"/> DELETE
NAME	Bradley, Frank V-P
STREET ADDRESS	427 Timberlake Dr.
CITY-ST-ZIP	Melbourne, FL 32940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Mason, Arline <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Apt. 106 115 Indian River Dr.
1.3 STREET ADDRESS	Cocoa, FL 32922
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Melbourne Beach, FL 32951
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Cocoa Beach, FL 32931
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Merritt Island, FL 32952
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* 1/25/98

CR2E037 (10/97)