


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 75 CARRIGAN BLVD. MERRITT ISLAND FL 32952	Mailing Address 75 CARRIGAN BLVD. MERRITT ISLAND FL 32952
---	---

3. Date Incorporated or Qualified
05/29/1975

4. FEI Number
59-1616260

Applied For	
Not Applicable	

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (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	Bradley, Frank V-P	<input type="checkbox"/> DELETE
NAME	427 Timberlake Dr.	
STREET ADDRESS	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)