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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 732879

1. Corporation Name

FUNERAL AND MEMORIAL SOCIETY OF BREVARD COUNTY, INC.

Principal Place of Business

75 CARRIGAN BLVD MERRITT ISLAND FL 32952 US

Mailing Address

75 CARRIGAN BLVD. MERRITT ISLAND FL 32952 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 05/29/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-1616260

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired []

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution []

\$5.00 May Be Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD [] DELETE NAME MASON, ARLINE STREET ADDRESS APT 106 115TH N INDIAN RIVER DR CITY-ST-ZIP COCOA FL 32922

1.1 TITLE TD [] Change [X] Addition 1.2 NAME DAVIS, JOHN 1.3 STREET ADDRESS 1625 RICHARDSON ROAD 1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D [] DELETE NAME FLOYD, WILLIAM STREET ADDRESS 226 6TH AVENUE CITY-ST-ZIP MELBOURNE BEACH FL 32951

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D [] DELETE NAME CURRY, THOMAS STREET ADDRESS 138 W. LEON LANE CITY-ST-ZIP COCOA BCH, FL 00000 32931

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

TITLE VP [] DELETE NAME BRADLEY, FRANK STREET ADDRESS 427 TIMBERLAKE DR CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE PD [] DELETE NAME PAXTON, NORMAN L STREET ADDRESS 75 CARRIGAN BLVD CITY-ST-ZIP MERRITT ISLD, FL 00000 32952

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

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [] Change [] 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED [Signature] 2/20/99 407/453 4109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)