

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90089 036 ****61.25

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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

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 25

29 30

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 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)