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FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734208 (2)

1. Corporation Name

PRAIRIE MAUSOLEUM & CEMETERY CORPORATION, INC.

Principal Place of Business

7235 GRISSOM PKWY
PORT ST JOHN FL 32927
US

Mailing Address

2540 125TH ST. W.
LAKE PARK FL 33410-2002
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1975

3a. Date of Last Report

06/20/1996

4. FEI Number

51-0198486

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARCHER, MARIAN
2540 125TH ST. N.
LAKE PARK FL 33410

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME FRANZEN, LORRAINE
STREET ADDRESS 805 US 1
CITY-ST-ZIP JUNO BEACH FLTITLE D ☐ DELETE
NAME PRAIRIE, DONALD M.
STREET ADDRESS RR
CITY-ST-ZIP BONFIELD ILTITLE SD ☐ DELETE
NAME ARCHER, MARIAN
STREET ADDRESS 2540 125TH ST NORTH
CITY-ST-ZIP LAKE PARK, FL 00000TITLE D ☐ DELETE
NAME KUSCHEL, BARBARA
STREET ADDRESS 6089 DANIA ST
CITY-ST-ZIP PALM BCH GARDENS FLTITLE D ☐ DELETE
NAME PRAIRIE, BENITA
STREET ADDRESS 305 E. GRAND ST. APT.2
CITY-ST-ZIP BOURBONNAIS ILTITLE D ☐ DELETE
NAME HILL, ELAINE P.
STREET ADDRESS 1050 SINGER WAY
CITY-ST-ZIP RIVIERA BEACH FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ELIZABETH HILL LADD
1.3 STREET ADDRESS RR 2 Box 217-A
1.4 CITY-ST-ZIP BUNKER HILL, FN 469142.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: # 0000

CR2E037 (9/96)