FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 30 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736265 (0)

1. Corporation Name
THE FUNERAL AND MEMORIAL SOCIETY OF SOUTHWEST FL ORIDA, INC.

Principal Place of Business	Mailing Address
C/O JUSTYN JOHNSON 3675 BROADWAY, UNIT K-8, WINDSOR EAST FT.MYERS FL 33901	C/O JUSTYN JOHNSON 3675 BROADWAY, UNIT K-8, WINDSOR EAST FT.MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 03/18/1994
4. FEI Number: Changed by IRS 9/94 59-1977056 (was 65-0519466) — 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 Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

JOHNSON, JUSTYN N.
3675 BROADWAY K-8
FT.MYERS FL 33901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	D ☐ Change ☐ Addition
NAME	~~BERMAN, WILFRED I~~	1.2 NAME	Robert R. & HELEN FREDERICK
STREET ADDRESS	~~1711 BENT TREE CIRCLE~~	1.3 STREET ADDRESS	284 BOROS DR.
CITY-ST-ZIP	~~FT MYERS FL~~	1.4 CITY-ST-ZIP	No. FT. MYERS, Fl. 33903
TITLE	~~V~~ D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	~~WHITE, HARLAND W~~ ELIZABETH MILLER	2.2 NAME	The Rev. George Brooks
STREET ADDRESS	~~1724 PINE VALLEY DR #120~~ 385 Bella Vista Cir.	2.3 STREET ADDRESS	2100 King's Hwy. #347
CITY-ST-ZIP	~~FT MYERS FL~~ Sanibel, Fl. 33957	2.4 CITY-ST-ZIP	PORT CHARLOTTE, Fl. 33980
TITLE	ST	3.1 TITLE	D ☐ Change ☐ Addition
NAME	JOHNSON, JUSTYN N.	3.2 NAME	Myron & Mary Goeting
STREET ADDRESS	3675 BROADWAY K-8	3.3 STREET ADDRESS	19451 CANTY LANE
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	No. FT. Myers, Fl. 33917-6043
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	KNIPLING, LOUIS H JR.	4.2 NAME	Emmett & Dorothy Aalabaugh
STREET ADDRESS	~~18503 ISLAND RD SE~~ 1010 American Eagle Blvd #620	4.3 STREET ADDRESS	1358 KARIN TERRACE
CITY-ST-ZIP	~~FT MYERS FL~~ Sun City Center, Fl. 33573-5174	4.4 CITY-ST-ZIP	P. CHARLOTTE, Fl. 33952
TITLE	~~V~~	5.1 TITLE	D ☐ Change ☐ Addition
NAME	RABOURDIN, ERNA (MRS)	5.2 NAME	KENNETH & Margaret Bloxham
STREET ADDRESS	135 WEST LAKE AVENUE	5.3 STREET ADDRESS	5356 Chippendale CT, SW
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919
TITLE	PRESIDENT	6.1 TITLE	D ☐ Change ☐ Addition
NAME	HARRY WEILER	6.2 NAME	Dr. Ingalls N. Simmons
STREET ADDRESS	11751 CARAVEL CIRCLE, SW.	6.3 STREET ADDRESS	4735 Rue Royale
CITY-ST-ZIP	FT. MYERS, Fl. 33908	6.4 CITY-ST-ZIP	Sanibel, Fl. 33957 ~~8/1/3~~

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Justyn N. Johnson Justyn N. Johnson S/T 1/20/95 813-936-4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050033