

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736265 (0)

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



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

3. Date Incorporated or Qualified: 07/01/1976
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business: 21 2223 Treehaven Circle, 22 Suite, Apt. #, etc., 23 Ft. Myers FL, 24 Zip 33907, 25 USA
2a. Mailing Address: 26 P.O. Box 7956, 27 Suite, Apt. #, etc., 28 Ft. Myers FL, 29 Zip 33911, 30 USA

4. FEI Number: 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: DANA B. MATHENY
82 Street Address (P.O. Box Number is Not Acceptable): 2223 TREEHAVEN CIRCLE
83
84 City: FT. MYERS, FL 85 Zip Code: 33907

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: DANA B. MATHENY, Sec. - TRSA. Dana B. Matheny DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREDERICK, ROBERT R. & HE	
STREET ADDRESS	284 BOROS DR.	
CITY-ST-ZIP	NO. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, GEORGE REV.	
STREET ADDRESS	2100 KINGS HWY. #347	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JUSTYN,	
STREET ADDRESS	3675 BROADWAY K-8	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AULABAUGH, EMMETT & DOROT	
STREET ADDRESS	1358 KARIN TERRACE	
CITY-ST-ZIP	P. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOXHAM, KENNETH & MARG	
STREET ADDRESS	5356 CHIPPENDALE CT. SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEILER, HARRY	
STREET ADDRESS	11751 CARAVEL CIRCLE S.W.	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ST DANA B. MATHENY
3.3 STREET ADDRESS	2223 TREEHAVEN CIRCLE
3.4 CITY-ST-ZIP	FT. MYERS, FL 33907
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: DANA B. MATHENY, Sec. - TRSA. Dana B. Matheny DATE: _____ Daytime Phone #: (407) 939-3368

CR2E037 (12/95)