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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 FL ORIDA, INC.

Principal Place of Business	Mailing Address
2823 TREEHAVEN CIRCLE FT MYERS FL 33907 US 941-743-0109	PO BOX 7756 FT MYERS FL 33911 US

3. Date Incorporated or Qualified: 07/01/1976

4. FEI Number: 65-0519466 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 4470 Laura St	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Charlotte Harbor	Suite, Apt. #, etc. 27
City & State 23 ~~Fort Myers FL~~	City & State 28
Zip / Country 24 33980 25 USA	Zip / Country 29 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HART, ELIZABETH ANN 4470 LAURA ST PUNTA GORDA FL 33980	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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FREDERICK, ROBERT R & HEL		1.2 NAME		
STREET ADDRESS	284 BOROS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NO. FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, GEORGE REV.		2.2 NAME		
STREET ADDRESS	2100 KINGS HWY. #347		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RABOUDIN, ERNA		3.2 NAME		
STREET ADDRESS	6496-1 ROYAL WOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEILER, HARRY		4.2 NAME		
STREET ADDRESS	11751 CARAVEL CIRCLE S.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, ALLEN S		5.2 NAME		
STREET ADDRESS	415 SW 7TH TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOGER, NANCY		6.2 NAME		
STREET ADDRESS	5328 PELICAN BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.