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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 736265

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

Principal Place of Business: 4470 LAURA ST CHARLELTON FL 33980 US  
 Mailing Address: PO BOX 7756 FT MYERS FL 33911 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 415 SW 7th Terrace	26 Suite, Apt. #, etc.	07/01/1976
22 City & State	27 City & State	4. FEI Number
23 Cape Coral FL	28 Zip Country	65-0519466
24 33991	25 USA	5. Certificate of Status Desired <input type="checkbox"/>
	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**HART, ELIZABETH ANN**  
 4470 LAURA ST  
 PUNTA GORDA FL 33980

10. Name and Address of New Registered Agent  
 81 Name: **Allen S. Richardson**  
 82 Street Address (P.O. Box Number is Not Acceptable): **415 SW 7th Terrace**  
 83  
 84 City: **Cape Coral** FL 85 Zip Code: **33991**

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: Allen S. Richardson **Allen S. Richardson, president** 17 February 1999  
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: D <input type="checkbox"/> DELETE	1.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: FREDERICK, ROBERT R & HEL	1.2 NAME: Bernice Richardson
STREET ADDRESS: 284 BOROS DR.	1.3 STREET ADDRESS: 415 SW 7th Terrace	CITY-ST-ZIP: NO. FT. MYERS FL	1.4 CITY-ST-ZIP: Cape Coral FL 33991
TITLE: D <input type="checkbox"/> DELETE	2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: BROOKS, GEORGE REV.	2.2 NAME: Priscilla Brooks
STREET ADDRESS: 2100 KINGS HWY #347	2.3 STREET ADDRESS: 2100 Kings Highway (#347)	CITY-ST-ZIP: PORT CHARLOTTE FL	2.4 CITY-ST-ZIP: Port Charlotte FL
TITLE: P <input checked="" type="checkbox"/> DELETE	3.1 TITLE: S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: RABOUDIN, ERNA	3.2 NAME: Herman T. Silvius III
STREET ADDRESS: 6496-1 ROYAL WOOD DR	3.3 STREET ADDRESS: 1128 SE 17th Terrace	CITY-ST-ZIP: FT MYERS FL	3.4 CITY-ST-ZIP: Cape Coral FL 33990-4514
TITLE: P <input type="checkbox"/> DELETE	4.1 TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: WEILER, HARRY	4.2 NAME: Allen S. Richardson
STREET ADDRESS: 11751 CARAVEL CIRCLE S.W.	4.3 STREET ADDRESS: 415 SW 7th Terrace	CITY-ST-ZIP: FT. MYERS FL	4.4 CITY-ST-ZIP: Cape Coral FL 33991
TITLE: VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: RICHARDSON, ALLEN S	5.2 NAME: GEETING, Myron & Mary
STREET ADDRESS: 415 SW 7TH TERR	5.3 STREET ADDRESS: 19451 Ganty Lane	CITY-ST-ZIP: CAPE CORAL FL	5.4 CITY-ST-ZIP: North Fort Myers FL 33917
TITLE: D <input type="checkbox"/> DELETE	6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: BOGER, NANCY	6.2 NAME: METCALFE, Ted
STREET ADDRESS: 5328 PELICAN BLVD	6.3 STREET ADDRESS: 291 Pine Key Lane	CITY-ST-ZIP: CAPE CORAL FL	6.4 CITY-ST-ZIP: Naples FL 34114

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: Herman T. Silvius III **Herman T. Silvius III, dir** (941) 458-8910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)