

DOCUMENT # 736265

1. Entity Name

THE FUNERAL AND MEMORIAL SOCIETY OF SOUTHWEST FL

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90179 042 ****70.00

Principal Place of Business

Mailing Address

415 SW 7TH TERR
CAPE CORAL FL 33991
USPO BOX 7756
FT MYERS FL 33911-7756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0519466

5. Certificate of Status Desired

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, ALLEN S
415 SW 7TH TERR
CAPE CORAL FL 33994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, BERNICE	
STREET ADDRESS	415 SW 7TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33991	

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, PRISCILLA	
STREET ADDRESS	2100 KINGS HWY. #347	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SILVIUS, HERMAN T III	
STREET ADDRESS	1128 SE 17TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33990-4514	

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDSON, ALLEN S	
STREET ADDRESS	415 SW 7TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33991	

TITLE	D	<input type="checkbox"/> Delete
NAME	GEETING, MARY	
STREET ADDRESS	19451 GANTY LANE	
CITY-ST-ZIP	N FT MYERS FL 33917	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOGER, NANCY	
STREET ADDRESS	5328 PELICAN BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	D	<input type="checkbox"/> Change
NAME	Weiler, Harry	
STREET ADDRESS	11751 Caravel Circle SW	
CITY-ST-ZIP	Fort Myers FL 33908	

TITLE	D	<input type="checkbox"/> Change
NAME	Ahlers, Barbara	
STREET ADDRESS	24300 Airport Road (#102)	
CITY-ST-ZIP	Punta Gorda FL 33950	

TITLE	D	<input type="checkbox"/> Change
NAME	Brooks, George	
STREET ADDRESS	2100 Kings Highway (#347)	
CITY-ST-ZIP	Port Charlotte FL 33980	

TITLE	D	<input type="checkbox"/> Change
NAME	Ahlers, William	
STREET ADDRESS	24300 Airport Road (#102)	
CITY-ST-ZIP	Punta Gorda FL 33950	

TITLE	D	<input type="checkbox"/> Change
NAME	Frederick, Robert	
STREET ADDRESS	284 Boros Drive	
CITY-ST-ZIP	North Fort Myers FL 33903	

TITLE	D	<input type="checkbox"/> Change
NAME	Geeting, Myron	
STREET ADDRESS	19451 Ganty Lane	
CITY-ST-ZIP	North Fort Myers FL 33917	

12. 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 indicated on this report or supplemental 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herman T. Silvius, III* Herman T. Silvius, III 4/Feb/00 (941)4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date