

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 # 759911 (1)
1. Corporation Name
MARCO ISLAND CEMETERY, INC.



Principal Place of Business Mailing Address
P.O. BOX 23 MARCO ISLAND FL 33969 P.O. BOX 23 MARCO ISLAND FL 33969

3. Date Incorporated or Qualified 09/03/1981 3a. Date of Last Report 02/01/1995
4. FEI Number 59-2222856 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

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

9. Name and Address of Current Registered Agent
ZUMBRUN, PHOEBE V.
~~159 1ST AVE~~ **359 Yellowbird**
MARCO ISLAND FL 33937

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 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 *Phoebe V. Zumbren* DATE *April 29, 1996*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, ALBERT	1.2 NAME	
STREET ADDRESS	2 PAPAYA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANIERI, RICK	2.2 NAME	
STREET ADDRESS	1001 VALLEY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, TANDY	3.2 NAME	
STREET ADDRESS	900 MAPLE 1817 N. Bahama Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLD FL	3.4 CITY-ST-ZIP	
TITLE	TM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUMBRUN, PHOEBE V.	4.2 NAME	
STREET ADDRESS	159 1ST AVENUE 359 Yellowbird	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACMORRIS, CLIFFORD	5.2 NAME	
STREET ADDRESS	533 COCONUT AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSDOWN, ROY	6.2 NAME	
STREET ADDRESS	1370 AUBURNDALE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	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: *Tandy Roach Pres.* DATE: *April 29, 1996* *394-3469*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tandy Roach, President Daytime Phone

CR2E037 (12/95)