


FILE NOW: FILING FEE IS \$61.25

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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759911 (1)

1. Corporation Name
MARCO ISLAND CEMETERY, INC.



Principal Place of Business 489 W. Elkcam Circle P.O. BOX 23 MARCO ISLAND FL 33138 34145	Mailing Address P.O. BOX 23 MARCO ISLAND FL 34148-0023
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3. Date Incorporated or Qualified 09/03/1981	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number 59-2222856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZUMBRUN, PHOEBE V. 159 1ST AVE 457 Tallwood #306, P.O.B. 1905 MARCO ISLAND FL 33138 MARCO ISLAND FL 34146		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 _____ (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	<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	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	365 YELLOWBIRD 457 Tallwood #306	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 AUBURDALE 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 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.

SIGNATURE: *Tandy Roach* **RECEIVED** 2/7/97 941-394-3469

CR2E037 (9/96)