FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760127** **(1)**

1. Corporation Name

FLORIDA MORTICIANS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
635 S HOLLAND PARKWAY BARTOW FL 33830-5313	635 S HOLLAND PARKWAY BARTOW FL 33830-5313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1981**
3a. Date of Last Report: **04/08/1994**
4. FEI Number: **59-2926726** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABB, GEORGE R. 625 S. HOLLAND PKWY BARTOW FL 33830	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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BETSEY, SAMUEL	12 NAME	
STREET ADDRESS	110 S 9TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MILTON, SHERMAN	22 NAME	
STREET ADDRESS	503 EAST MAIN AVE	23 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	STEVENS, HOWARD	32 NAME	
STREET ADDRESS	1803 TAMARIND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	GAINES, SAMUEL S.	42 NAME	
STREET ADDRESS	317 N. 7TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, KENNETH E.	52 NAME	
STREET ADDRESS	501 FAIRVILLA ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	SABB, GEORGE R.	62 NAME	
STREET ADDRESS	625 S. HOLLAND PKWY	63 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	64 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)(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: _____ 4/10/95 8/3 553 2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018073