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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 09/22/1981

4. FEI Number: 59-2926726 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 551 W Caroline St	26 551 W Caroline St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee Florida	28 City & State: Tallahassee Florida
24 Zip: 32301 25 Country: I	29 Zip: 32301 30 Country:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Darrell L. Lawrence 82 Street Address (P.O. Box Number is Not Acceptable): 551 W Caroline Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: Darrell L. Lawrence — April 26, 1998
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	PD	☑ DELETE	1.1 TITLE	P.D	☑ Change ☐ Addition
NAME	BETSEY, SAMUEL		1.2 NAME		
STREET ADDRESS	110 S 9TH STREET		1.3 STREET ADDRESS	Hall, Milton 1900 NW 54th Street	
CITY-ST-ZIP	QUINCY FL		1.4 CITY-ST-ZIP	Miami, Florida 33142	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	MILTON, SHERMAN		2.2 NAME	Graham, Marion	
STREET ADDRESS	503 EAST MAIN AVE		2.3 STREET ADDRESS	900 Florida Avenue	
CITY-ST-ZIP	DADE CITY FL		2.4 CITY-ST-ZIP	Jacksonville Florida 32206	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	STEVENS, HOWARD		3.2 NAME	Sabb, George	
STREET ADDRESS	1803 TAMARIND AVE		3.3 STREET ADDRESS	625 S Holland PKWY	
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP	Bartow Florida 33830	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAINES, SAMUEL S.		4.2 NAME		
STREET ADDRESS	317 N. 7TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	MITCHELL, KENNETH E.		5.2 NAME	Lawrence, Darrell	
STREET ADDRESS	501 FAIRVILLA ROAD		5.3 STREET ADDRESS	551 W Caroline Street	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	SD	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SABB, GEORGE R.		6.2 NAME		
STREET ADDRESS	625 S. HOLLAND PKWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Darrell L. Lawrence April 26, 1998 (850) 224-2139
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR DIRECTOR Date Daytime Phone #