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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 762299 (6)

1. Corporation Name

PALL-BEARERS SOCIETY NO. 5, WEST SANFORD, INC.

Principal Place of Business

Mailing Address

1604 PEACH AVENUE  
SANFORD FL 32771

1604 PEACH AVENUE  
SANFORD FL 32771-3138



3. Date Incorporated or Qualified  
03/04/1982

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1604 Peach Ave.

26 Suite, Apt. #, etc.

22 Same, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Sanford

28 City & State

24 Sanford Florida

29 City & State

25 32771

30 Zip

26 Seminole

31 Country

4. FEI Number  
59-2385149

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENLEE, ALPHEUS E.  
1604 PEACH AVENUE  
SANFORD FL 32771

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GREENLEE, ALPHEUS  
STREET ADDRESS 1604 PEACH AVENUE  
CITY - ST - ZIP SANFORD FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VP ☒ DELETE  
NAME JORDAN, ELIZABETH  
STREET ADDRESS P O BOX 825  
CITY - ST - ZIP OSTEER FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME JORDAN, Elizabeth  
2.3 STREET ADDRESS P.O. Box 825  
2.4 CITY - ST - ZIP OSTEER, FL. NA

TITLE TD ☐ DELETE  
NAME TAYLOR, ZORA MAE  
STREET ADDRESS 1219 W. 8TH. ST.  
CITY - ST - ZIP SANFORD FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE SD ☐ DELETE  
NAME BLACK, GERTRUDE  
STREET ADDRESS 1501 W. 11TH STREET  
CITY - ST - ZIP SANFORD FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE VPD ☒ DELETE  
NAME JORDAN, ELIZABETH  
STREET ADDRESS P O BOX 825  
CITY - ST - ZIP OSTEER FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME R.S. Rita J. Wallace  
5.3 STREET ADDRESS 904 W. 13th St  
5.4 CITY - ST - ZIP Sanford, FL 32771

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014583

A.E. Greenlee 1-22-97

CR2E037 (9/96)