

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G24085** (4)

1. Corporation Name

CENTRAL FLORIDA FUNERAL SERVICES & CREMATION SOCIETY, INC.



Principal Place of Business

Mailing Address

624 WILKES AVE.
ORLANDO FL 32809

624 WILKES AVE.
ORLANDO FL 32809

3. Date Incorporated or Qualified
02/15/1983

3a. Date of Last Report
08/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **4310 Curry Ford Rd**

26 **5800 Hansel Avenue**

4. FEI Number
59-2375913

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

Orlando FL

Orlando FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

Zip

Country

32806

CRANKE

32809

ORANGE

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

**DAUGHERTY, GARY
5800 HANSEL AVE.
ORLANDO FL 32809**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S
HORA, CHRISTOPHER S.
5800 HANSEL AVE.
ORLANDO FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T
COFFEY, LYNN MARIE
1611 OVERLAKE AVE.
ORLANDO FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP
DAUGHERTY, GARY A
1611 OVERLAKE AVE
ORLANDO FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**SECRETARY
Lemme, Micah C.
5800 HANSEL AVENUE
Orlando, FL 32809**

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Marie Coffey

Lynn Marie Coffey

1/24/96

Date

407-853-5800

Daytime Phone #

CR2E034 (12/95)