

# 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 # **G72396** (6)  
1. Corporation Name  
**CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.**



Principal Place of Business Mailing Address  
**1630 PINE ISLAND RD.  
CAPE CORAL FL 33991** **4126 NORLAND AVE.  
BURNABY BC V5G3S-8**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 **V5G 3S8** 30 **CANADA**

3. Date Incorporated or Qualified **11/14/1983** 3a. Date of Last Report **04/25/1995**  
4. FEI Number **59-2364016** 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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 10. Name and Address of New Registered Agent

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, if not applicable,

(NOTE: Registered Agent's signature required when re-registering)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **GLODEK THOMAS F.**  
CITY-ST-ZIP **230-13TH AVE. N.E.  
MINNEAPOLIS MN 55413**  
TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **FLOBECK RONALD**  
CITY-ST-ZIP **11524 MAHOGANY RUN  
FORT MEYERS FL**  
TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LOEWEN RAYMOND L.**  
CITY-ST-ZIP **4126 NORLAND AVE.  
BURNABY BC V5G3S-8**  
TITLE ☐ DELETE  
NAME **DA**  
STREET ADDRESS **HYNDMAN PETER S.**  
CITY-ST-ZIP **4126 NORLAND AVE.  
BURNABY BC V5G3S-8**  
TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **WRIGHT GARY L.**  
CITY-ST-ZIP **800-50 EAST RIVERCENTER BLVD.  
COVINGTON KY 41011**  
TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **SWANSON RICK**  
CITY-ST-ZIP **12540 WOODTIMBER LANE  
FORT MYERS FL 33913**

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP **ZIP = 33913**  
31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP **ZIP = V5G 3S8**  
41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP **ZIP = V5G 3S8**  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP **000001794690  
-04/25/96--01071--006**  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP **\*\*\*200.00**

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 or person 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

**PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321**

6-1

Daytime Phone

CR2E034 (12/95)