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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:11

DOCUMENT # H88299 (3)

1. Corporation Name
ALL FAITH'S CREMATION SOCIETY, INC.

Principal Place of Business
18 LA GRANDE BOULEVARD
LADY LAKE FL 32159

Mailing Address
18 LA GRANDE BOULEVARD
LADY LAKE FL 32159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1985
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 18 LA GRANDE BLVD
Suite, Apt #, etc. 22
City & State 23 LADY LAKE, FL
Zip 24 32159 Country 25 U.S.

2a. Mailing Address
26 800 SO. NOVA RD.
Suite, Apt #, etc. 27 S
City & State 28 ORMOND BEACH, FL
Zip 29 32174 Country 30 U.S.

4. FEI Number: 59-2609930 — 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 activity for intrastate tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
REYNOLDS, SHIRLEY L.
1524 OAK FOREST DR.
ORMOND BEACH FL 32174

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYNOLDS, DON T.
STREET ADDRESS	2367 ENTERPRISE - OSTEEN RD
CITY-ST ZIP	DELTONA FL
TITLE	ST
NAME	REYNOLDS, SHIRLEY L.
STREET ADDRESS	1524 OAK FOREST DR.
CITY-ST ZIP	ORMOND BEACH FL
TITLE	Reynolds, Rise E. - V-Pres.
NAME	1524 Oak Forest Dr.
STREET ADDRESS	Ormond Beach, FL 32174
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST ZIP	
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
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)(n), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, an officer or director.

SIGNATURE: Don T. Reynolds — 1/16/96 — 904-672-2876

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0404085 FP