

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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # H88299 (3)

1. Corporation Name

ALL FAITH'S CREMATION SOCIETY, INC.

Principal Place of Business

18 LA GRANDE BLVD
LADY LAKE FL 32159
US

Mailing Address

800 SO NOVA RD
ORMOND BEACH FL 32174
US



2. Principal Place of Business
21 9 La Grande Blvd.
22 Suite, Apt. #, etc.
23 City & State Lady Lake FL
24 Zip 32159 25 Country Lake
26 9 La Grande Blvd.
27 Suite, Apt. #, etc.
28 City & State Lady Lake FL
29 Zip 32159 30 Country Lake

3. Date Incorporated or Qualified 11/27/1985
3a. Date of Last Report 02/24/1995
4. FEI Number 59-2609930
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

REYNOLDS, SHIRLEY L.
1524 OAK FOREST DR.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name Risa E. Reynolds
82 Street Address (P.O. Box Number is Not Acceptable) 324 Jamestown Dr.
83
84 City Winter Park FL 85 Zip Code 32792

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 Risa E. Reynolds RISA E. REYNOLDS

4/30/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VP
NAME REYNOLDS, RISA E.
STREET ADDRESS 1524 OAK FORESTER
CITY-ST-ZIP ORMOND BEACH FL
TITLE ST
NAME REYNOLDS, SHIRLEY L.
STREET ADDRESS 1524 OAK FOREST DR.
CITY-ST-ZIP ORMOND BEACH FL
TITLE
NAME
STREET ADDRESS
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 IN 12

1.1 TITLE
1.2 NAME RISA E. REYNOLDS
1.3 STREET ADDRESS 324 JAMESTOWN DR
1.4 CITY-ST-ZIP WINTER PARK FL 32792
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: Risa E. Reynolds Risa E. Reynolds 4/30/96 (352) 753-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)