FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43122** **(3)**

1. Corporation Name

FLORIDA FUNERAL DIRECTORS FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOOX 6009 TALLAHASSEE FL 32314	P.O. BOOX 6009 TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1991**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-3118031** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WYLIE, F. JAMES, JR.
502 E JEFFERSON ST.
TALLAHASSEE FL 32314

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PANCIERA, MARK J.	12 NAME	
STREET ADDRESS	4200 HOLLYWOOD BLVD	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	VINSON, DANIEL B	22 NAME	
STREET ADDRESS	456 E TARPON AVE	23 STREET ADDRESS	
CITY ST ZIP	TARPON SPGS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MORGAN JR, H.E. "BERT"	32 NAME	
STREET ADDRESS	212 N. DUVAL STREET	33 STREET ADDRESS	
CITY ST ZIP	QUINCY FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	CURRAN, HUGH M III	42 NAME	
STREET ADDRESS	505 SO FEDERAL HWY	43 STREET ADDRESS	
CITY ST ZIP	STUART FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHUITEMAN, JAMES E.	52 NAME	
STREET ADDRESS	500 E. AIRPORT BLVD.	53 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCQUEEN, JOHN T.	62 NAME	
STREET ADDRESS	2201 9TH STREET NORTH	63 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ **4-28-95** **904-224-1969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027658