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 APR 24 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003371 (2)**

1. Corporation Name
J. S. STONE COMMUNITY MEMORIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1616 SUNNY BROOK LN D-104 PALM BAY FL 32905	1616 SUNNY BROOK LN D-104 PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 475 Port Malabar Blvd., N.E.	26 475 Port Malabar Blvd., N.E.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Palm Bay, FL	City & State 28 Palm Bay, FL
Zip 24 32905	Country 25 U.S.A.
Zip 29 32905	Country 30 U.S.A.

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIBBS-SPENCE, SHARON 1616 SUNNY BROOK LN APT. D-104 PALM BAY FL 32905	81 Name: Sharon Gibbs - Spence 82 Street Address (P.O. Box Number is Not Acceptable): 475 Port Malabar Blvd., N.E. 83 — 84 City: Palm Bay FL 85 Zip Code: 32905

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MURRAY, BETTYE	12 NAME		
STREET ADDRESS	2404 S. LIPSCOMB STREET	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	STONE, EUGENIA	22 NAME	Marva A. Murray	
STREET ADDRESS	3201 S. MONROE STREET	23 STREET ADDRESS	2404 S. Lipscomb St.	
CITY-ST-ZIP	MELBOURNE FL 32901	24 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BURGESS, ORETHA	32 NAME		
STREET ADDRESS	2517 LIPSCOMB STREET	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	VEREEN, HAZEL	42 NAME		
STREET ADDRESS	1304 E. GIBBS STREET	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SPENCE, SHARON	52 NAME	Sharon E. Spence	
STREET ADDRESS	1616 SUNNY BROOK LN., APT D-104	53 STREET ADDRESS	475 Port Malabar Blvd., N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	54 CITY-ST-ZIP	Palm Bay, FL 32901	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 the 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: Sharon E. Spence Sharon E. Spence 3-22-95 (401) 723-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000429