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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005428 (8)

1. Corporation Name

INDEPENDENT FUNERAL HOMES OF PALM BEACH COUNTY,
INC.



Principal Place of Business

Mailing Address

1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2300 GLADES RD

26 2300 GLADES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 302 EAST

27 302 EAST

City & State

City & State

23 BOCA RATON FLA

28 BOCA RATON FLA

Zip

Zip

24 33431

Country

Country

25 PALM BEACH

29 33431

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCIARRETTA, STEVEN A
1900 GLADES RD.
STE. #355
BOCA RATON FL 33431

81 Name

STEVEN A. SCIARRETTA

82 Street Address (P.O. Box Number is Not Acceptable)

2300 GLADES RD

83

STE 302 EAST

84

BOCA RATON

FL

85

Zip Code

33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

3-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VECCIA, JOSEPH JR
STREET ADDRESS 1900 GLADES ROAD SUITE 355
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE
NAME STEPHENSON, MACK
STREET ADDRESS 1900 GLADES ROAD SUITE 355
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE
NAME BOWDEN, MICHAEL
STREET ADDRESS 1900 GLADES ROAD SUITE 355
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE
NAME SIDERS, AVERY
STREET ADDRESS 1900 GLADES ROAD SUITE 355
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE
NAME GAGNON, ERNEST
STREET ADDRESS 1900 GLADES ROAD SUITE 355
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 617, 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

3/12/96 (407) 368-1978
Date Daytime Phone #

CR2E037 (12/95)