

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000006056 (5)**

1. Corporation Name

**WESTVIEW COMMUNITY CEMETERY OF POMPANO BEACH, IN
C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

740 NORTHWEST 23RD TERRACE
POMPANO BEACH FL 33069

740 NORTHWEST 23RD TERRACE
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified

3a. Date of Last Report

12/12/1994

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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

MCCRAY, JOHNNY L JR.
400 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060

81 Name

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

83

84 City

FL

85 Zip Code

17. 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P
NAME: MACKFIELD, ERNEST
STREET ADDRESS: 130 NW 17TH AVENUE
CITY-ST-ZIP: POMPANO BEACH FL

1.1 TITLE: D
1.2 NAME: D
1.3 STREET ADDRESS: D
1.4 CITY-ST-ZIP: D
 Change Addition

TITLE: D
NAME: HARRY, EDDIE
STREET ADDRESS: 2221 NW 2ND STREET
CITY-ST-ZIP: POMPANO BEACH FL

2.1 TITLE: []
2.2 NAME: []
2.3 STREET ADDRESS: []
2.4 CITY-ST-ZIP: []
 Change Addition

TITLE: D
NAME: LOFTON, EDDIE
STREET ADDRESS: 2180 NW 3RD STREET
CITY-ST-ZIP: POMPANO BEACH FL

3.1 TITLE: D
3.2 NAME: Isham, Alice
3.3 STREET ADDRESS: 512 NW 17th Terr.
3.4 CITY-ST-ZIP: Pompano Beh, FL
 Change Addition

TITLE: V
NAME: MACON, RICHARD
STREET ADDRESS: 738 NW 3RD STREET
CITY-ST-ZIP: POMPANO BEACH FL

4.1 TITLE: []
4.2 NAME: []
4.3 STREET ADDRESS: []
4.4 CITY-ST-ZIP: []
 Change Addition

TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

5.1 TITLE: []
5.2 NAME: []
5.3 STREET ADDRESS: []
5.4 CITY-ST-ZIP: []
 Change Addition

TITLE: []
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

6.1 TITLE: []
6.2 NAME: []
6.3 STREET ADDRESS: []
6.4 CITY-ST-ZIP: []
 Change Addition

**Mail
REMITTED BY MAY 1**

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ernest Mackfield, President*
ERNEST MACKFIELD, PRESIDENT

4-27-95 (308) 587-5833
Date Daytime Phone #