

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90042 005 ****61.25

0077888

DOCUMENT # N98000002992

1. Corporation Name

FUNERAL AND MEMORIAL SOCIETY OF PENSACOLA AND WE
ST FLORIDA, INC.

Principal Place of Business

4870 WOODCLIFF DRIVE
PENSACOLA FL 32504-9145

Mailing Address

4870 WOODCLIFF DRIVE
PENSACOLA FL 32504-9145



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

59-1858888

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

9. Name and Address of Current Registered Agent

COMPTON, NEWMAN
4870 WOODCLIFF DRIVE
PENSACOLA FL 32504-9145

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

/s/ NEWMAN COMPTON

8 February 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME NEWMAN COMPTON
STREET ADDRESS 4870 WOODCLIFF Drive
CITY-ST-ZIP Pensacola, FL 32504-9145

TITLE Vice President ☐ DELETE

NAME MASON Cleere
STREET ADDRESS 261 Monroe Rd
CITY-ST-ZIP Pensacola, FL 32503

TITLE Treasurer ☐ DELETE

NAME Donald Lupone
STREET ADDRESS 5425 DYNASTY Dr
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE Secretary ☐ DELETE

NAME Claire Wright
STREET ADDRESS 7804 NorthPointe Blvd
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE Trustee ☐ DELETE

NAME Joseph MANTARRO
STREET ADDRESS 2311 INVERNESS Drive
CITY-ST-ZIP Pensacola, FL 32503

TITLE Trustee ☐ DELETE

NAME Mrs Wilma FITZPATRICK
STREET ADDRESS 3125 Bayview Way
CITY-ST-ZIP Pensacola, FL 32503

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Donald Lupone, Treasurer 8 Feb 1999 (850) 477-9085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)