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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000004699

1. Corporation Name

PALM BEACH FUNERAL & MEMORIAL SOCIETY INC.

Principal Place of Business

17689 BRIDLE LANE
JUPITER FL 33478

Mailing Address

P.O. BOX 31982
PALM BEACH GARDENS FL 33420-1982



2. Principal Place of Business

21 **2000 N. Congress**

Suite, Apt. #, etc.

22 **#158 1/2 MCGAFFEY**

City & State

23 **West Palm Beach, FL**

Zip

24 **33409**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

59-0242630

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

LOUISE, SHERRI
17689 BRIDLE LANE
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name

McGaffey, Judi

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

2000 N. Congress #158

83

84 City

West Palm Beach

FL

85 Zip Code

33409

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 **JUDI MCGAFFEY** **JUDI MCGAFFEY**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**

STREET ADDRESS **HATZFELD, BARBARA**

CITY-ST-ZIP **319 CLUB DR.**

PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME **VPD**

STREET ADDRESS **SUHRBUR, JOSEPH**

CITY-ST-ZIP **17689 BRIDLE LANE**

JUPITER FL 33478

TITLE ☐ DELETE

NAME **SD**

STREET ADDRESS **WILSON, ANN**

CITY-ST-ZIP **17689 BRIDLE LANE**

JUPITER FL 33478

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 an other like empowered.

SIGNATURE:

Barbara Hatzfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99

Date

561 59-4881

Daytime Phone #

CR2E037 (11/98)