

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90188 015 ****61.25

DOCUMENT # N98000006701

1. Corporation Name

THE MEMORIAL AND FUNERAL SOCIETY OF GREATER ORLANDO, INC.

Principal Place of Business

**435 CROSSBEAM CIRCLE EAST
CASSELBERRY FL 32707**

Mailing Address

**435 CROSSBEAM CIRCLE EAST
CASSELBERRY FL 32707**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/23/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

59-3564668

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNYDER, THOMAS J
435 CROSSBEAM CIRCLE EAST
CASSELBERRY FL 32707**

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

Thomas J. Snyder

5-3-99

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 **PRESIDENT/D** ☐ DELETE
NAME **THOMAS J. SNYDER**
STREET ADDRESS **435 CROSSBEAM CIRCLE EAST**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VICE PRES./D** ☐ DELETE
NAME **RICHARD DUDLEY**
STREET ADDRESS **8425 LITTLELEAF CT.**
CITY-ST-ZIP **ORLANDO, FL 32811**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE **TREASURER/D** ☐ DELETE
NAME **KEN KHLANDER**
STREET ADDRESS **1036 BURNETT ST.**
CITY-ST-ZIP **DAVIDO, FL 32765**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE **SECRTY/D** ☐ DELETE
NAME **CLARK SLAYMAN**
STREET ADDRESS **20 ST. ANDREWS BLVD., #3603**
CITY-ST-ZIP **WINTER PARK FL 32792**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE **DIRECTOR** ☐ DELETE
NAME **BERNARD OLING**
STREET ADDRESS **210 LEW FIELD CIRCLE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas J. Snyder **THOMAS J. SNYDER** **5-3-99** **407-695-5715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)