

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000009667 (6)

1. Corporation Name

NORTH AMERICAN CREMATION SOCIETY, INC.

Principal Place of Business

**6100 - 9TH STREET NORTH
ST. PETERSBURG FL 33703**

Mailing Address

**4126 NORLAND AVE
BURNABY BC V5G 3S8**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0376643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 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 the applicant

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DVA
RUSSELL, ROBERT D
200 N FEDERAL HWY
POMPANO BEACH FL 33062**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
LOEWEN, RAYMOND L
4126 NORLAND AVE
BURNABY BC V5G 3S8**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DAS
HYNDMAN, PETER S
4126 NORLAND AVE
BURNABY BC V5G 3S8**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**P
RHODES, JOHN S III
200 N FEDERAL HWY
POMPANO BEACH FL 33062**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**ST
WRIGHT GARY L.
800-50 EAST RIVERCENTER BLVD.
COVINGTON KY 41011**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

**300001467543
-04/28/95 --01006--025
****200.00 ****200.00**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

TS. 4/25/95

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☒ Change ☐ Addition

**correction to last name
WRIGHT**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information contained 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Hyndman

4/12/95

(604) 299-9321