

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0376643

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

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

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 title, if applicable

(If OFF: Registered Agent signature, name and title, if changed)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
DVA
RUSSELL, ROBERT D
STREET ADDRESS
200 N FEDERAL HWY
CITY-ST-ZIP
POMPANO BEACH FL 33062

TITLE
NAME
D
LOEWEN, RAYMOND L
STREET ADDRESS
4126 NORLAND AVE
CITY-ST-ZIP
BURNABY BC V5G -3S8

TITLE
NAME
DAS
HYNDMAN, PETER S
STREET ADDRESS
4126 NORLAND AVE
CITY-ST-ZIP
BURNABY BC V5G -3S8

TITLE
NAME
P
RHODES, JOHN S III
STREET ADDRESS
200 N FEDERAL HWY
CITY-ST-ZIP
POMPANO BEACH FL 33062

TITLE
NAME
ST
WRIGHT, GARY L.
STREET ADDRESS
800-50 EAST RIVERCENTER BLVD.
CITY-ST-ZIP
COVINGTON KY 41011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DVAS

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***200.00

☐ Change ☐ Addition

☐ 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 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

CR2E034 (12/95)