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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P92000009667

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

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME RUSSELL, ROBERT D
STREET ADDRESS 200 N FEDERAL HWY
CITY-STATE-ZIP POMPANO BEACH FL 33062

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

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

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME PAUL WAGLER
2.3 STREET ADDRESS 4126 NORLAND AVENUE
2.4 CITY-STATE-ZIP BURNABY, B.C., CANADA V5G 3S8

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

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME SEAN M. GILCHRIST
3.3 STREET ADDRESS 801 TEAS ROAD
3.4 CITY-STATE-ZIP CONROE, TX 77303

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

4.1 TITLE ST ☐ Change ☒ Addition
4.2 NAME GEORGE M. AMATO
4.3 STREET ADDRESS 4145-58TH STREET
4.4 CITY-STATE-ZIP WOODSIDE, NY 11377

TITLE ST ☒ DELETE
NAME ROLLINGS, GREGORY K
STREET ADDRESS 681 NORTH AVE.
CITY-STATE-ZIP JONESBORO GA

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME JOSEPH T. HARDIMAN
5.3 STREET ADDRESS 801 TEAS ROAD
5.4 CITY-STATE-ZIP CONROE, TX 77303

TITLE VP ☐ DELETE
NAME CASHNER, JEFFREY L
STREET ADDRESS 801 TEAS RD
CITY-STATE-ZIP CONROE TX 77303

6.1 TITLE P ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, 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

PETER S. EYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #