

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Katherine B. Cantelmo
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 24 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035880

1. Corporation Name

Sarah's Legacy, Inc.

Principal Place of Business

Mailing Address

728 Avenue D
Ft. Pierce, FL 34950

P.O. BOX 3588
Ft. Pierce, FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 23, 1996

4. FEI Number

☒ 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

Marjorie J. Williams
966 NW Bayshore Blvd.
Port St. Lucie, FL

10. Name and Address of New Registered Agent

81 Name Rufus Alexander, III
82 Street Address (P.O. Box Number is Not Acceptable)
728 Avenue D
83
84 City Fort Pierce FL 85 Zip Code 34950

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 Rufus Alexander
Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/22/99

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Marjorie J. Williams	
STREET ADDRESS	966 NW Bayshore Blvd., Pt. St. Lucie	
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Rufus Alexander, III	
STREET ADDRESS	728 Avenue D, Ft. Pierce, FL 34950	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Percy S. Alexander, Sr.	
STREET ADDRESS	9940 Baywater Dr.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Peggy A. Harris	
STREET ADDRESS	2702 Avenue I	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600003001026--2
1.3 STREET ADDRESS	-09/30/99--01003--009
1.4 CITY-ST-ZIP	*****8.75 *****8.75
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600003001026--2
2.3 STREET ADDRESS	-09/30/99--01003--008
2.4 CITY-ST-ZIP	*****465.00 *****465.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Rufus Alexander
Signature and typed or printed name of signing officer or director

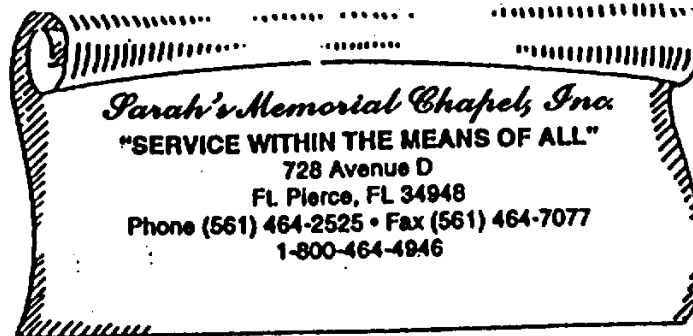
9/22/99

Date

561 464 2525

Daytime Phone #

CR2E034 (11/98)



File
Sarah's
Legacy
X Readers
file

Board of Directors

Marjorie Williams, President
Rufus Alexander, Vice-President,
Licensed Funeral Director in Charge

Staff

Angela Jones, Secretary
Bookkeeper

February 24, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: 203. Reinstatement (Corp)

Please find attached a request for reinstatement of Sarah's Legacy, Inc. Document P96000035880 qualified as of April 22, 1996.

Per my conversation with a Ms. Sprather in the Reinstatement department, I am advising that the Annual Corporate Filings were not done for a three year period because none of the reports were received by our office or registered agent. Ms Sprather did acknowledge that all filing papers for those period had been returned to your office marked addressee unknown.

Please find a check in the amount of \$457.00 as directed by Ms. Sprather for reinstatement. Should you require additional information, please contact our office as soon as possible.

Sincerely,

Marjorie J. Williams
President
Sarah's Legacy, Inc.

cc::file

"Dedicated to Those We Serve"
Established 1924
Incorporated, 1985