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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 018300 (4)

1. Corporation Name
WOODLAWN MEMORY GARDENS, INC.



Principal Place of Business: **1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789**
Mailing Address: **1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789-7107**

3. Date Incorporated or Qualified: **06/09/1948** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **62-1506528** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**KNOPKE, RAYMOND C JR.
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KNOPKE, RAYMOND C		1.2 NAME: Keenan L. Knopke	
STREET ADDRESS: 1201 S ORLANDO AVE #365		1.3 STREET ADDRESS: 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP: WINTER PARK FL 32789		1.4 CITY-ST-ZIP: Winter Park, FL 32789	
TITLE: P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BUTLER, JEFFREY E		2.2 NAME: Brent F. Heffron	
STREET ADDRESS: 2860 SUNSET POINT ROAD		2.3 STREET ADDRESS: 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP: CLEARWATER FL		2.4 CITY-ST-ZIP: Winter Park, FL 32789	
TITLE: V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: YOUNG, TERRY		3.2 NAME: William E. Rowe	
STREET ADDRESS: 2860 SUNSET POINT ROAD		3.3 STREET ADDRESS: 110 Veterans Memorial Blvd.	
CITY-ST-ZIP: CLEARWATER FL		3.4 CITY-ST-ZIP: Metairie, LA 70005	
TITLE: AS	<input type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BUDE, KENNETH C		4.2 NAME: Joseph P. Henican III	
STREET ADDRESS: 110 VETERANS BLVD		4.3 STREET ADDRESS: 110 Veterans Memorial Blvd.	
CITY-ST-ZIP: METairie LA		4.4 CITY-ST-ZIP: Metairie, LA 70005	
TITLE: VPT	<input type="checkbox"/> DELETE	5.1 TITLE: I	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MATASAVAGE, FRANK L		5.2 NAME: Frank L. Matasavage	
STREET ADDRESS: 2400 HARRELL ROAD		5.3 STREET ADDRESS: 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP: ORLANDO FL 32817		5.4 CITY-ST-ZIP: Winter Park, FL 32789	
TITLE: VS	<input type="checkbox"/> DELETE	6.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OLVEY, CORINNE L		6.2 NAME: Corinne I. Olvey	
STREET ADDRESS: 1201 S ORLANDO AVE, #365		6.3 STREET ADDRESS: 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP: WINTER PARK FL		6.4 CITY-ST-ZIP: Winter Park, FL 32789	

14. I do 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.

SIGNATURE: *Corinne I. Olvey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Corinne I. Olvey
4/28/97 407/740-7000

Daytime Phone #

CR2E034 (9/96)

WOODLAWN MEMORY GARDENS, INC.

BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS LISTED IN BLOCK 12

The following are additional Officer(s) of this corporation as space was not available in Block 13 of the original form completed:

AS

Ronald H. Patron
110 Veterans Memorial Blvd.
Metairie, LA 70005

ADDITION