

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 181171

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC3708594391**

**Entity Name:** PENSACOLA MEMORIAL GARDENS AND FUNERAL HOME, INC.

**Current Principal Place of Business:**

7433 PINE FOREST RD  
PENSACOLA, FL 32526-5800

**Current Mailing Address:**

P.O. BOX 37370  
PENSACOLA, FL 32526-5800

**FEI Number: 59-0735667**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHOER, SUSAN  
1021 RACHEL CIRCLE  
CANTONMENT, FL 32533 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MILLER, DAVID S  
Address        7433 PINE FOREST RD.  
City-State-Zip: PENSACOLA FL 32526

Title            VP, SECRETARY  
Name            CAULKINS, KARINNE  
Address        7433 PINE FOREST RD.  
City-State-Zip: PENSACOLA FL 32526

Title            VP, TREASURER  
Name            ROSSLEY, DIANE  
Address        7433 PINE FOREST RD.  
City-State-Zip: PENSACOLA FL 32526

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID MILLER**

**PRESIDENT**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date