

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 313565

1. Corporation Name

GOOD SHEPHERD MEMORIAL GARDENS, INC.

Principal Place of Business

5050 SOUTHWEST 20 STREET
P O BOX 489
OCALA FL 32674-1846

Mailing Address

1201 S ORLANDO AVE
SUITE 365
WINTER PARK FL 32789
US

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 010 ***900.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1967

4. FEI Number

59-1157844

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

9. Name and Address of Current Registered Agent

KNOPKE, KEENAN L
1201 S ORLANDO AVE
SUITE 365
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name CT CORPORATION SYSTEM
82 Street Address 1200 PINE ISLAND ROAD
83
84 City PLANTATION, FL 33324

11. Pursuant to the provisions of Sections 607.0602 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

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENICAN, JOSEPH P III	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD.	
CITY-ST-ZIP	METAIRIE LA 70005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM E	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD.	
CITY-ST-ZIP	METAIRIE LA 70005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUDDE, KENNETH C.	
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRAHAN, LORALICE A.	
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
2.4 CITY-ST-ZIP	METAIRIE, LA 70005	
3.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MATASAVAGE, FRANK L.	
3.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
4.1 TITLE	DVP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEFFRON, BRENT F.	
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROWE, WILLIAM E.	
5.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
5.4 CITY-ST-ZIP	METAIRIE, LA 70005	
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:

SIGNATURE, TYPED OR PRINTED NAME OF

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)