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May 06, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 347119

1. Corporation Name

GLEN HAVEN MEMORIAL PARK, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1969

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1280092

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 SOUTH ORLANDO AVENUE
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 607.0502 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 *Victor Alfano*
Signature, typed or printed name of registered agent and title if applicable.

Victor Alfano
(NOTE: Registered Agent signature required when reinstating)

3/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	KEENAN, KNOPE L	
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUDDE, KENNETH C	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENICAN, JOSEPH P III	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METAIRIE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)