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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.

STREET ADDRESS 110 VETERANS MEMORIAL BLVD

SIGNATURE PED OR PRINTED NAME

METAIRIE LA

 I hereby certify that the informa indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE:

CITY-ST-ZIP

Principal Place	of Business	Mailing Address			}				
1201 SOUTH OF	RLANDO AVENUE	1201 SOUTH ORLANDO AVEN	JUE						
SUITE 365		SUITE 365			-	DO NOT WRITE IN THIS SPACE			
WINTER PARK FL 32789		WINTER PARK FL 32789			1-3	3. Date Incorporated or Qualifed			
					3.	05/26/1969	•		
2 Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		A	pplied For
21	add 0. Bad,,,ees	26				59-1280092			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27			5.	Certificate of Status Desired		Fee F	Required
City & State	•	City & State			6,	Election Campaign Financing	g \square	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8.	This corporation owes the cu	ırrent year Inta		TERM A 1
24	25	29 3	<u>ol</u>			Personal Property Tax.	. Donietenad	Yes	™ No
	9. Name and Address of Current	Registered Agent	81	Name	10.	Name and Address of New CT CORPORATI	NI SVS	TEM	
KNO	PKE, KEENAN L		[*]	I Valle		CICORPORATI	014 0 1 0		
	SOUTH ORLANDO AVENUE		82	Street A	Address	1200 PINE ISLAN	ND ROA	D	
	E 365		83			120011112134	,		
	TER PARK FL 32789		05						
			84	City		PLANTATION, F	L 33324		9
44 Dunayant	to the provinces of Sections 607.0502	and 607 1508 Florida Statutes	the above	a-named o	corporatio	n cubmite this statement for th	a nurnose of	changing it	s registered
office or re	egistered agent, or both, in the State of manufacturers with a country of the state	f Florida. Such change was aut	norized by	the corpo	ration's b	oard of directors. I hereby acc	ept the appoin	ntment as r	egistered
agent. I ai			a Statutes.	١٨ -		A 3	100		
SIGNATURE	Signature, typed or printed rame of registered agent	· · · · · · · · · · · · · · · · · · ·	egistered Agent	t signature re	ALOY quired when	reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PAS	☐ DELETE	1.1 TITLE		D			Change	Addition
NAME.	KEENAN, KNOPE L		1.2 NAME			E, WILLIAM E.			
STREET ADDRESS	1201 SOUTH ORLANDO AVENU	E	1.3 STREET	ADDRESS	110 V	ETERANS MEMORIA	L BLVD		
CITY-ST-ZIP	WINTER PARK FL				•				
TITLE	· 		1.4 CITY-ST	-ZiP	_META	IRIE. LA 70005		Channe	C Addition
	T	☐ DELETE	2.1 TITLE	-ZIP	_META	AS	-	Change	Addition
NAME	T MATASAVAGE, FRANK L	☐ DELETE	2.1 TITLE 2.2 NAME		META D/VP/ HEFF	AS RON, BRENT F.		Change	Addition
STREET ADDRESS	1201 S ORLANDO AVE #365	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	D/VP/ HEFF 1201	AS RON, BRENT F. S ORLANDO AVE #36	 65	Change	Addition
STREET ADDRESS	1201 S ORLANDO AVE #365 WINTER PRK FL		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS	D/VP/ HEFF 1201 WINT	AS RON, BRENT F.	 65		
STREET ADDRESS CITY-ST-ZIP TITLE	1201 S ORLANDO AVE #365 WINTER PRK FL AS	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS	D/VP/ HEFF 1201 WINT	AS RON, BRENT F. S ORLANDO AVE #36 ER PARK, FL 32789		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1201 S ORLANDO AVE #365 WINTER PRK FL AS PATRON, RONALD H		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP	META D/VP/ HEFF 1201 WINT AS TRAK	AS RON, BRENT F. S ORLANDO AVE #36 ER PARK, FL 32789 HAN, LORALICE A.			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1201 S ORLANDO AVE #365 WINTER PRK FL AS PATRON, RONALD H 110 VETERANS BLVD		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP	META D/VP/ HEFF 1201 WINT AS TRAI 110 \	AS RON, BRENT F. S ORLANDO AVE #36 ER PARK, FL 32789 HAN, LORALICE A. VETERANS MEMORI.			
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6.4 CITY-ST-ZIP

Brent F. Heffron (407) 740-7000

of 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 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 an on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fi, or on an attachment with an address, with all other like empowered. April 14, 1999

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

05-06-1999 90293 010 ***900.00