

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 539283 (2)

1. Corporation Name

FAITH CHAPEL FUNERAL HOME, INC.



Principal Place of Business

Mailing Address

100 BEVERLY PARKWAY  
PENSACOLA FL 32505

100 BEVERLY PARKWAY  
PENSACOLA FL 32505

3. Date Incorporated or Qualified 07/13/1977	3a. Date of Last Report 01/30/1995
4. FEI Number 59-1774578 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELSON, N. LAMAR  
100 BEVERLY PARKWAY  
PENSACOLA FL 32505

81 Name N. L. DANIELSON	85 Zip Code 32505
82 Street Address (P.O. Box Number is Not Acceptable) 100 BEVERLY PARKWAY	
83	
84 City PENSACOLA	85 Zip Code 32505

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

*N. L. Danielson*  
Signature, typed or printed name of registered agent and title if applicable

N. L. DANIELSON PRES.

6-28-96

(If "0": Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIELSON, NORMAN LEE	
STREET ADDRESS	100 BEVERLY PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DANIELSON, NORMAN LAMAR	
STREET ADDRESS	100 BEVERLY PARKWAY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD BEVERLY MILSTED
3.3 STREET ADDRESS	1246 W TEN MILE RD
3.4 CITY - ST - ZIP	CANTONMENT FL 32533
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD CHARLES DI WARD
4.3 STREET ADDRESS	9601 N EIGHT MILE CREEK RD
4.4 CITY - ST - ZIP	CANTONMENT FL 32533
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STD JANET L CARTER
5.3 STREET ADDRESS	720 COLEMO PLACE
5.4 CITY - ST - ZIP	PENSACOLA FL 32526
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D W. GREG WILBOURN
6.3 STREET ADDRESS	9604 PICKWOOD DR
6.4 CITY - ST - ZIP	PENSACOLA FL 32514

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*N. L. Danielson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. L. DANIELSON PRES. (904) 432-

Date

Use, Free Press

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