

**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: **100 BEVERLY PARKWAY PENSACOLA FL 32505**  
 Mailing Address: **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**  
 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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business  
 21 Suite, Apt #, etc  
 22 City & State  
 23 Zip  
 24 Country  
 25  
 26 Mailing Address  
 27 Suite, Apt #, etc  
 28 City & State  
 29 Zip  
 30 Country

9. Name and Address of Current Registered Agent

**DANIELSON, N. LAMAR**  
**100 BEVERLY PARKWAY**  
**PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81 Name: **N.L. DANIELSON**  
 82 Street Address (P.O. Box Number is Not Acceptable): **100 BEVERLY PARKWAY**  
 83  
 84 City: **PENSACOLA** FL 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 the date applicable

**N.L. DANIELSON PRES. 6-28-96**  
 (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>BEVERLY MILSTED</b>		
3.3 STREET ADDRESS	<b>1246 W TEN MILE RD</b>		
3.4 CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>		
4.1 TITLE	<b>VD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>CHARLES DI WARD</b>		
4.3 STREET ADDRESS	<b>9601 N EIGHT MILE CREEK RD</b>		
4.4 CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>		
5.1 TITLE	<b>STD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>JANET L CARTER</b>		
5.3 STREET ADDRESS	<b>720 COLEMO PLACE</b>		
5.4 CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>		
6.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<b>W. GREG WILBOURN</b>		
6.3 STREET ADDRESS	<b>9604 PICKWOOD DR</b>		
6.4 CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>		

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: \_\_\_\_\_

CR2E034 (3/96)