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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90108 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 539283

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1977

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DANIELSON, NORMAN LEE**
STREET ADDRESS **100 BEVERLY PARKWAY**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VASD** ☐ DELETE
NAME **MILSTED, BEVERLY**
STREET ADDRESS **1246 W TEN MILE ROAD**
CITY-ST-ZIP **CANTONMENT FL**

2.1 TITLE **1ST VP & ASST SECY DIR.** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **DILLARD, CHARLES**
STREET ADDRESS **9601 N. EIGHT MILE CREEK ROAD**
CITY-ST-ZIP **CANTONMENT FL**

3.1 TITLE **2ND VP Y D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **CARTER, JANET L.**
STREET ADDRESS **720 COLEMO PLACE**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WILBOURN, R. GREG**
STREET ADDRESS **9604 PICKWOOD DR**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DANIELSON, D RAY**
STREET ADDRESS **113 YOKUM CT**
CITY-ST-ZIP **PENSACOLA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **3048 RED FERN RD**
6.4 CITY-ST-ZIP **CANTONMENT, FL 32533**

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:

Janet L. Carter **JANET L. CARTER**

2-16-99 (850) 432-6146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)