## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2004 8:00 am Secretary of State

DOCUMENT # 539283  1. Entity Name FAITH CHAPEL FUNERAL HOME, INC.					03-16-2004 90046 032 ***150.00				
Principat Plac 100 BEVERL PENSACOLA,	Y PARKWAY	<b>/</b>							
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122004	Chg-P	CR2E034	4 (10/03)	
City & State		City & State			4. FEI Number 59-1774	578		<u> </u>	oplied For ot Applicable
Zip	Country	Country Zip Co		<i>y</i>	5. Certificate of Status Desired  \$8.75 Additional Fee Required				
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name						
DANIELSO			Street Address (P.O. Box Number is Not Acceptable)						
	RLY PARKWAY DLA, FL 32505	F	- Control (Control (C		13 Not Acceptable	<del>,</del>			
			_	City	<u> </u>		FL	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
signature									
Signature, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	E NOW!!!- FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		00 May Be ed to Fees	್ಯವರ ಮತ	anda ang	5-14 f	- bar - rii -		
10.	OFFICERS AND				- ADDITIONS/C	HANGES TO OFFI	CERS'AND	IRECTOR	
TITLÉ TEME NAME A TEMPO	DANIEL 0011 1/001/11/15		TITLE NAME	1.5				_l·Change - ·	- · 🖸 Addition
STREET ADDRESS	100 BEVERLY PARKWAY PENSACOLA, FL 32505			ADDRESS					
TITLE	PD	☐ Delete	TITLE	-			Ţ.	Change	☐ Addition
NAME Street address	MILSTED, BEVERLY 1246 W TEN MILE ROAD		NAME	ADDRESS					
CITY-ST-ZIP			CITY-SI						·
TITLE			TITLE				נ	Change	Addition
NAME Street address			NAME STREET	ADDRESS					1
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12. 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 report or supplemental 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.									

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. MILSTER OF PRESIDEN

850-432-6146