

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90083 031 ***150.00

DOCUMENT # 539283

1. Entity Name
FAITH CHAPEL FUNERAL HOME, INC.



Principal Place of Business
**100 BEVERLY PARKWAY
PENSACOLA, FL 32505**

Mailing Address
**100 BEVERLY PARKWAY
PENSACOLA, FL 32505**

50031637



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03112005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
59-1774578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
DANIELSON, NORMAN LEE
100 BEVERLY PARKWAY
PENSACOLA, FL 32505** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MILSTED, BEVERLY
1246 W TEN MILE ROAD
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
DILLARD, CHARLES
9601 N. EIGHT MILE CREEK ROAD
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DANIELSON, D RAY
3048 RED FERN RD
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BEVERLY D. MILSTED
PRESIDENT**

03-23-05

Date

Daytime Phone #

850-432-6146