

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 575479 (1)

1. Corporation Name

ALL FAITHS MEMORIAL PARK, INC.

Principal Place of Business

1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789

Mailing Address

1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789



600001863496

-06/17/96--01034--027

\*\*\*200.00

3. Date Incorporated or Qualified

06/12/1978

3a. Date of Last Report

03/24/1995

4. FEI Number

59-1825207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

RAYMOND C. KNOPKE, JR.

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

1201 S. ORLANDO AVE.

83

SUITE 365

84 City

WINTER PARK

FL

85 Zip Code

32789

11. Pursuant to the provisions of Sections 607.0505 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

*Corinne I. Olvey*

(Signature, Type or Printed Name of Registered Agent and the Taxpayer)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

|                |                                   |                                            |
|----------------|-----------------------------------|--------------------------------------------|
| TITLE          | SV                                | <input type="checkbox"/> DELETE            |
| NAME           | OLVEY, CORINNE I                  |                                            |
| STREET ADDRESS | 1201 S ORLANDO AVE, #365          |                                            |
| CITY-ST-ZIP    | WINTER PARK FL                    |                                            |
| TITLE          | P                                 | <input type="checkbox"/> DELETE            |
| NAME           | KNOPKE, RAYMOND C JR              |                                            |
| STREET ADDRESS | 301 N IVANHOE 1201 S. Orlando Ave |                                            |
| CITY-ST-ZIP    | ORLANDO FL Winter Park, FL 32789  |                                            |
| TITLE          | VT                                | <input type="checkbox"/> DELETE            |
| NAME           | MATASAVAGE, FRANK L.              |                                            |
| STREET ADDRESS | 2400 HARRELL ROAD                 |                                            |
| CITY-ST-ZIP    | ORLANDO FL                        |                                            |
| TITLE          | AS                                | <input type="checkbox"/> DELETE            |
| NAME           | PATRON, RONALD H                  |                                            |
| STREET ADDRESS | 110 VETERANS BLVD.                |                                            |
| CITY-ST-ZIP    | METairie LA                       |                                            |
| TITLE          | AS                                | <input type="checkbox"/> DELETE            |
| NAME           | BUDDE, KENNETH C                  |                                            |
| STREET ADDRESS | 110 VETERANS BLVD                 |                                            |
| CITY-ST-ZIP    | METairie LA                       |                                            |
| TITLE          | V                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | RHODUS, JANICE                    |                                            |
| STREET ADDRESS | 2300 TEMPLE DR                    |                                            |
| CITY-ST-ZIP    | WINTER PARK FL                    |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |                                                                              |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Mark A. Panter                |                                                                              |
| 1.3 STREET ADDRESS | 4207 E. Lake Ave.             |                                                                              |
| 1.4 CITY-ST-ZIP    | Tampa, FL 33610               |                                                                              |
| 2.1 TITLE          | VP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | James A. Hora                 |                                                                              |
| 2.3 STREET ADDRESS | 2400 Harrell Road             |                                                                              |
| 2.4 CITY-ST-ZIP    | Orlando, FL 32817             |                                                                              |
| 3.1 TITLE          | VP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Scarlett A. Brown             |                                                                              |
| 3.3 STREET ADDRESS | 737 Main Street               |                                                                              |
| 3.4 CITY-ST-ZIP    | Safety Harbour, FL 34695      |                                                                              |
| 4.1 TITLE          | VP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Bruce S. Dooley               |                                                                              |
| 4.3 STREET ADDRESS | 301 N.E. Ivanhoe Blvd         |                                                                              |
| 4.4 CITY-ST-ZIP    | Orlando, FL 32804             |                                                                              |
| 5.1 TITLE          | VP/D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | William E. Rowe               |                                                                              |
| 5.3 STREET ADDRESS | 110 Veterans Blvd             |                                                                              |
| 5.4 CITY-ST-ZIP    | Metairie, LA 70005            |                                                                              |
| 6.1 TITLE          | VP/D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | Brian J. Marlowe              |                                                                              |
| 6.3 STREET ADDRESS | 6707 Democracy Blvd Suite 950 |                                                                              |
| 6.4 CITY-ST-ZIP    | Bethesda, MD 20817            |                                                                              |

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 in 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Corinne I. Olvey, VP/S

Date

407/740-7000

CR2E034 (12/95)

575479

2-2

**ALL FAITHS MEMORIAL PARK, INC.**

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS  
LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not  
available in Block 13 of the original form completed:

D     Joseph P. Henican, III.  
       110 Veterans Blvd.  
       Metairie, LA 70005

Addition ☒

*wp61/corporat/13-ann.rep*