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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32789-7107

3. Date Incorporated or Qualified

06/12/1978

3a. Date of Last Report

05/01/1996

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

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOPKE, RAYMOND C JR
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

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 SV ☐ DELETE

NAME OLVEY, CORINNE I
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE 8 ☒ Change ☐ Addition

NAME Corinne I. Olvey
1.2 NAME 1201 S. Orlando Ave., # 365
1.3 STREET ADDRESS Winter Park, FL 32789
1.4 CITY-ST-ZIP

TITLE P ☒ DELETE

NAME KNOPKE, RAYMOND C JR
STREET ADDRESS 1201 SOUTH ORLANDO AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE P/AS ☐ Change ☒ Addition

NAME Keenan L. Knopke
2.2 NAME 1201 S. Orlando Ave., # 365
2.3 STREET ADDRESS Winter Park, FL 32789
2.4 CITY-ST-ZIP

TITLE VT ☐ DELETE

NAME MATASAVAGE, FRANK L.
STREET ADDRESS 2400 HARRELL ROAD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE T ☒ Change ☐ Addition

NAME Frank L. Matasavage
3.2 NAME 1201 S. Orlando Ave., # 365
3.3 STREET ADDRESS Winter Park, FL 32789
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME PATRON, RONALD H
STREET ADDRESS 110 VETERANS BLVD.
CITY-ST-ZIP METAIRIE LA

4.1 TITLE VP/AS /D ☐ Change ☒ Addition

NAME Brent F. Heffron
4.2 NAME 1201 S. Orlando Ave., # 365
4.3 STREET ADDRESS Winter Park, FL 32789
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME BUDDE, KENNETH C
STREET ADDRESS 110 VETERANS BLVD
CITY-ST-ZIP METAIRIE LA

5.1 TITLE W ☐ Change ☒ Addition

NAME William K. Rowe
5.2 NAME 110 Veterans Memorial Blvd.
5.3 STREET ADDRESS Metairie, LA 70005
5.4 CITY-ST-ZIP

TITLE VP/D ☒ DELETE

NAME MARLOWE, BRIAN J.
STREET ADDRESS 6707 DEMOCRACY BLVD. #850
CITY-ST-ZIP BETHESDA MD 20817

6.1 TITLE D ☐ Change ☒ Addition

NAME Joseph P. Henican III
6.2 NAME 110 Veterans Memorial Blvd.
6.3 STREET ADDRESS Metairie, LA 70005
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:

Corinne I. Olvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey
4/28/97 407/740-7000

me Phone #

CR2E034 (9/96)