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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 575479

1. Corporation Name

ALL FAITHS MEMORIAL PARK, INC.

Principal Place of Business Mailing Address									
1201 SOUTH ORLANDO AVENUE 1201 SOUTH ORLANDO AVEN									
SUITE 365		SUITE 365				DO NOT WRITE IN THE	SOBACE		
WINTER PARK	FL 32789	WINTER PARK FL 327	WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						06/12/1978			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Aı	pplied For	
21	000 01 Buoin 000	26				59-1825207	<u> </u>	ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc					\$8.75	Additional	
22	.,	27				5. Certifcate of Status Desired	Fee R	equired	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year Ir			
24	25	29	30			Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren	t Registered Agent			1	0. Name and Address of New Registered			
KNO	DUE VEENIANI			Name		CT CORPORATION SYS	STEM		
	PKE, KEENAN L		1	32 Street	Address	4000 DINE IOLAND DO	\ D		
1201 SOUTH ORLANDO AVENUE SUITE 365			ļ			1200 PINE ISLAND ROA	<del>ا</del> ل		
			8	33					
AAIIAI	TER PARK FL 32789			34 City			•	de	
	,			'		PLANTATION, FL 33324	ļ		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida S	Statutes, the abo	ove-named	corporat	tion submits this statement for the purpose of board of directors. I hereby accept the appo	f changing its	s registered egistered	
oπice or n	egistered ageon, or both, in the State m familia with, and accept the soliga	tipps of Section 607.050	, Florida Statut	es. A I	Ciallons	al. 1		29,000	
SIGNATURE	Theta All	an	Victor	Alta	anc	) 31169	19		
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable.	(NOTE: Registered A	gent signature r	required who				
12.		ID DIRECTORS	13.	,		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12  Addition	
TITLE	S	<b>X</b> DELE1	TE, 1.1 TITU	E.	D		☐ Change	Addison	
NAME	OLVEY, CORINNE I		1.2 NAM		ROV	VE, WILLIAM E.			
STREET ADDRESS	1201 S ORLANDO AVE, #365		1.3 STR	EET ADDRESS		VETERANS MEMORIAL BLVD			
CITY-ST-ZIP	WINTER PARK FL			'-ST-ZIP		TAIRIE, LA 70005		44	
TITLE	PAS	☐ DELET	TE 2.1 ΠΤ.	E		P/AS	Change	Addition	
NAME	knopke, Keenan L		2.2 NAM	ΙE		FRON, BRENT F.			
STREET ADDRESS	1201 SOUTH ORLANDO AVEN	UE	2.3 STR	EET ADDRESS		1 S ORLANDO AVE #365			
CITY-ST-ZIP	WINTER PARK FL		2.4 CIT	Y-ST-ZIP	WIN	ITER PARK, FL 32789			
TITLE	T /	☐ DELET	TE 3.1 TITU	E	AS		Change	Addition	
NAME	MATASAVAGE, FRANK L.		3.2 NAM	E	TRA	HAN, LORALICE A.			
STREET ADDRESS	1201 S ORLANDO AVE #365		3.3 STR	EET ADDRESS		VETERANS MEMORIAL BLVD			
CITY-ST-ZIP	WINTER PARK FL			Y-ST-ZIP	ME	TAIRIE, LA 700 <u>05</u>			
TITLE	AS	DELET	TE 4.1 TITL	Ε	T/S		Change	Addition	
NAME	PATRON, RONALD H		4. 2 NAM	ME .		TASAVAGE, FRANK L.			
STREET ADDRESS	110 VETERANS BLVD.		4.3 STR	EET ADDRESS	120	1 S ORLANDO AVE #365			
CITY-ST-ZIP	METAIRIE LA		4.4 CITY	-ST-ZIP	WIN	NTER PARK, FL 32789			
TITLE	AS	☐ DELET					Change	☐ Addition	
NAME	BUDDE, KENNETH C		5.2 NAM	Œ					
STREET ADDRESS	110 VETERANS BLVD		5.3 STR	EET ADDRESS					
CITY-ST-ZIP	METAIRIE LA		5.4 C/TY	∕-ST-Z <del>I</del> P					
TITLE	D D	DELE1	TE 6.1 TITL	E	T		Change	☐ Addition	
NAME	HENICAN, JOSEPH P III	•	6.2 NAM	E					
STREET ARABESS	110 VETERANS MEMORIAL RI	un.	63.578	EET ADDRESS	1				

6.4 CITY-ST-ZIP METAIRIE LA 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 suppliemental 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: \_

SIGNA UR TO TYPED OR PRINTED NAME (

Brent F. Heffron

(407) 740-7000

April 14, 1999