## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

ST. MICHAELS CEMETERY FOUNDATION, INC.

.011.1911	OTIFICEO OCIVICACIONA DE CONTROLO DE CONTR	Material State of the Control of the							
Principal Place of Business		Mailing Address							
30 S. SPRING STREET P.O. DRAWER 1271 PENSACOLA FL 32501		30 S. Spring Street P.O. Drawer 1271 Pensacola Fl 32501-5612							
TENONO CONTI			-			<ol> <li>Date Incorporated or Qual 12/21/1979</li> </ol>	ified 3	3a. Date of Last 03/04/1	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number 59-6586125			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desire	od [	38.75	Additional Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country 8. This corporation has liabilit			ty for Intai	ngible tax under	
24	25 9. Name and Address of Current	29 30 30			l	Florida Statutes Yes K No  10. Name and Address of New Registered Agent			
11 11 14	9. Name and Address of Carrell	uadistatan Matit	81	Name		IV. Name and Address of Ne	w negle	tered Agent	***************************************
C141444	HE DODERT & CCO								
	uel, robert A. ESQ. Pring street		82 Street Addre			ss (P.O. Box Number Is Not Acc	eptable)		I
	OLA FL 32501		83			·····	<del></del>	<u> </u>	
			84	City			<del></del>	FL 85 Zip	Code
11. Pursuant I	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	re-named	d corpor	ration submits this statement for	the purp	ose of changing	its registered
agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	ions of, Section 617.0503, Flo	rida Statute	\$	poration	re board of directors. Friendly	accept in	ю арроналет в	io registereo
Old WYORE	Signature, typed or printed name of registered agent			ent signatur	re required	when reinstating)		DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICER		
TOTLE	PD	<b>→</b> DELETE	1.1 TITLE		PD			K Change	Addition
NAME	EMMANUEL, ROBERT A		1.2 NAME		1	IR, THOMAS J.	t renge		
STREET ADDRESS	30 SOUTH SPRING STREET PENSACOLA FL			T ADDRESS	120	EAST CHURCH STR	RET		
CITY-ST-ZIP TITLE	TD	DELETE	1,4 CITY - 2.1 TITLE	51-ZIP	PEN	NSACOLA, FL		Change	[ ] Addition
NAME	MARSH, CHARLES		2.2 NAME						
STREET ADDRESS	4130 LYNN ORA DR			T ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY			٠.			
TITLE	D	DELETE	3.1 TITLE				<del> </del>	Change	Addition
NAME	EMMANUEL, ROBERT A		3.2 NAME			1.77			
STREET ADDRESS	30 SOUTH SPRING ST		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-	ST-ZIP					
TITLE	SD	☐ DELETE	4.1 TITLE					Change	Addition
NAME	MUIR, THOMAS J		4. 2 NAME				200		
STREET ADDRESS	120 EAST CHURCH STREET			T ADDRESS			1111		
CITY-ST-ZIP TITLE	PENSACOLA FL	DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	<del> </del>		<del></del>	Change	Addition
NAME		La bettie	5.2 NAME					En change	F"I Vancou
STREET ADDRESS				T ADDRESS					
CITY-SI-ZIP			5.4 CITY -						
1/1LE		DELETE	6.1 TITLE		1	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		****			
informatio	by certify that the information supplied in indicated on this annual report or su	opiemental annual report is tr	ue and acc	urate an	d that m	ny sionature shall have the sam	e legal et	fact as if made u	inder oath: that
I am an oi appears i	fricer or director of the corporation or t n Block 12 or Block 13 if changed, or	he receiver or trustee empow on an attachment with an add	ered to exe ress.	cute this	report a	as required by Chapter 617, Fig	orida Stati	utes; and that my	name
		a mare J North man and and a second	6 h Mars. sheki	III.					

SIGNATURE:

FREQUIRED THOMAS J. MUIR

904-444-8905

**FILED** 

May 09 1997 8:00am

Secretary of State