

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 750347  
 1. Corporation Name: St. Michaels Cemetery Foundation, Inc.  
 P.O. Box 13602  
 Pensacola, Fl. 32591-3602

Principal Place of Business: P.O. BOX 13602  
 Pensacola, Fl. 32591-3602

Mailing Address: P.O. BOX 13602  
 Pensacola, Fl. 32591-3602

3. Date Incorporated or Qualified: 12/21/1979

4. FEI Number: 59-6586125  
 Applied For:  Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21. City & State

22. Zip

23. Country

6. Election Campaign Financing  \$5.00 May Be Added to Fee

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

24. Zip

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*  
 Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
 NAME: Muir, Tom  
 STREET ADDRESS: 120 East Church Street  
 CITY-ST-ZIP: Pensacola FL 32501

1.1 TITLE:  Change  Addition

TITLE: TD  
 NAME: Moss, Vern  
 STREET ADDRESS: 418 North 72nd Ave  
 CITY-ST-ZIP: Pensacola FL 32504

1.2 NAME:  Change  Addition

TITLE: D  
 NAME: Emmanuel, Robert A.  
 STREET ADDRESS: 30 South Spring St.  
 CITY-ST-ZIP: Pensacola, FL 32501

1.3 STREET ADDRESS:  Change  Addition

TITLE:  DELETE

1.4 CITY-ST-ZIP:  Change  Addition

TITLE:  DELETE

2.1 TITLE:  Change  Addition

TITLE:  DELETE

2.2 NAME:  Change  Addition

TITLE:  DELETE

2.3 STREET ADDRESS:  Change  Addition

TITLE:  DELETE

2.4 CITY-ST-ZIP:  Change  Addition

TITLE:  DELETE

3.1 TITLE:  Change  Addition

TITLE:  DELETE

3.2 NAME:  Change  Addition

TITLE:  DELETE

3.3 STREET ADDRESS:  Change  Addition

TITLE:  DELETE

3.4 CITY-ST-ZIP:  Change  Addition

TITLE:  DELETE

4.1 TITLE:  Change  Addition

TITLE:  DELETE

4.2 NAME:  Change  Addition

TITLE:  DELETE

4.3 STREET ADDRESS:  Change  Addition

4.4 CITY-ST-ZIP:  Change  Addition

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 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; that the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/30/98  
 DAYTIME PHONE #: 595-5985 x18

CR2E037 (10/97)