1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F13072

1. Corporation Name

BALDWIN-FAIRCHILD FUNERAL HOMES, INC.

						<u> </u>	O INDA OFBAN BID		<b>018</b> 11 41 <b>8</b> 21 1881
Principal Place of Business Mailing Address					Ì				
1201 SOUTH ORLANDO AVENUE 1201 SOUTH ORLANDO AVE			JE						
SUITE 365		SUITE 365				DO NOT WESTERN THE OBACE			
WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed			
						12/29/1980			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
21	26				<u>59-2050710</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>+</b>	Additional
22		27						Fee R	equired
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28			_	Trust Fund Contribution	L-i	Added	to Fees
Zip	Country	Zip	Country	7		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29 30	]			Personal Property Tax.		☐Yes	<b>⊠</b> No
	9. Name and Address of Current	Registered Agent	<u> </u>		1	0. Name and Address of New Re	egistered A	gent	
			81	Name		CT CORPORATIO	N SYS	TEM	
. KNO	PKE, KEENAN L		<u> </u>	<u> </u>		_			
1201 SOUTH ORLANDO AVENUE			82	Street A	Address	<sup>(</sup> 1200 PINE ISLANI	) ROA	D	ł
SUITE 365			83	1		_			
WINTER PARK FL 32789			١٠٠						
,,,,,,	ER FAMILY E SEASO		84	City		PLANTATION, FL	33324		,
			L						
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 for both, in the State of Porida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
office of re	n familiar with, and accept the obligation	Sol, Section 607.0505, Florida	Statutes	3.	. 🙃	board of directors. Thereby about			
~	1/100	Can Vi	c+b	ς Δ	IJ'n	NO 2	1101,	14	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Reg	gistered Age	nt signature re	equired wh		DATE		
12.	OFFICERS AND	DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	PAS	☐ DELETE	1.1 TITLE		AS			Change	Addition
NAME	Knopke, Keenan L.		1.2 NAME	-	TRA	HAN, LORALICE A.			
STREET ADDRESS	1201 S. ORLANDO AVE, SUITE	365	1.3 STREE	T ADDRESS		VETERANS MEMORIAL E	BLVD		l
CITY-ST-ZIP	WINTER PRK FL 32789		1.4 CITY-5	ST-ZIP	MET	AIRIE, LA 70005			
TITLE	AS DELETE				T/S		•	Change	Addition
	BUDDE, KENNETH C		I .,,			TASAVAGE, FRANK L.			
NAME	• · · ·			T ADDRESS		1 S ORLANDO AVE #365			l
STREET ADDRESS	110 VETERANS BLVD					TER PARK, FL 32789			ļ
CITY-ST-ZIP	METAIRIE LA	SI priere	2. 4 CITY-	ST-ZIP		TEN FARK, 1 L 32/09		Change	Addition
TITLE	SV	T DELETE	3.1 TITLE		D	A/E \A/U		- Charge	
NAME	OLVEY, CORINNE I		3.2 NAME			VE, WILLIAM E.	DI VD		
STREET ADDRESS	1201 S ORLANDO AVE, #365		3.3 STREE	T ADDRESS		VETERANS MEMORIAL	PLVU		
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. CITY-	ST-ZIP	ME	AIRIE, LA 70005			
TITLE	VPSD	☐ DELETE	4.1 TITLE		D			Change	☐ Addition
NAME	HEFFRON, BRENT F		4. 2 NAME		HE	NICAN, JOSEPH P. III			
STREET ADDRESS	1201 S ORLANDO AVE #365		4.3 STREE	TADDRESS		VETERANS MEMORIAL	BLVD		ſ
CITY-ST-ZIP	WINTER PRK FL		4.4 CITY-5		_ME	TAIRIE, LA 70005			]
TITLE	VD	☐ DELETE	5.1 TITLE			P/AS		Change	☐ Addition
	ROWE, WILIAM E		5.2 NAME			FFRON, BRENT F.			i
NAME				TADDRESS		11 S ORLANDO AVE #365	5		i
STREET ADDRESS	110 VETERANS BLVD				– -	NTER PARK, FL 32789			
CITY-ST-ZIP	METAIRIE FL		5.4 CITY-5 6.1 TITLE	51-ZIP	VVII	ATELY EMENT I F 25109		Change	☐ Addition
TITLE	D	☐ DELETE		}				Unange	
NAME	HENICANI INCEDII DIII		6.2 NAME		ı				

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 of 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, with all other like empowered.

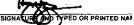
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



110 VETERANS MEMORIAL BLVD

**ORLANDO FL** 

Brent F. Heffron

April 14, 1999 (407) 740-7000

May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 006 \*\*\*900.00