

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90293 005 \*\*\*900.00

DOCUMENT # **L29432**

1. Corporation Name

**MEMORIAL PARK CEMETERY, 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1989**

4. FEI Number

**59-2977889**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**KNOPKE, KEENAN L  
1201 SOUTH ORLANDO AVENUE  
SUITE 365  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

*Victor Alfano*  
Signature, typed or printed name of registered agent and title if applicable

**Victor Alfano**  
(NOTE: Registered Agent signature required when reinstating)

**3/16/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLVEY, CORINNE I</b>	
STREET ADDRESS	<b>1201 SOUTH ORLANDO AVENUE #365</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MATASAVAGE, FRANK L</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PRK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWE, WILLIAM E</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>PAS</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOPE, KEENAN L</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PRK FL</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEFFRON, BRENT F</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENICAN, JOSEPH P III</b>	
STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BUDDE, KENNETH C.</b>	
1.3 STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>	
1.4 CITY-ST-ZIP	<b>METAIRIE, LA 70005</b>	
2.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TRAHAN, LORALICE A.</b>	
2.3 STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>	
2.4 CITY-ST-ZIP	<b>METAIRIE, LA 70005</b>	
3.1 TITLE	<b>T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MATASAVAGE, FRANK L.</b>	
3.3 STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
3.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
4.1 TITLE	<b>P/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KNOPKE, KEENAN L.</b>	
4.3 STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
4.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
5.1 TITLE	<b>DVP/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HEFFRON, BRENT F.</b>	
5.3 STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
5.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ROWE, WILLIAM E.</b>	
6.3 STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>	
6.4 CITY-ST-ZIP	<b>METAIRIE, LA 70005</b>	

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 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:

SIGNATURE (TYPE OR PRINTED)

**Brent F. Heffron**

April 14, 1999

(407) 740-7000

CR2E034 (11/98)