FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:59

DOCUMENT # **M89212** **(8)**

1. Corporation Name
MOUNT NEBO CHAPELS, INC.

Principal Place of Business	Mailing Address
WEINSTEIN, JOEL W. 111 SKOKIE BLVD. WILMETTE IL 60091	WEINSTEIN, JOEL W. 111 SKOKIE BLVD. WILMETTE IL 60091

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/12/1988**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **36-3592246** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GROSSBERG, ARTHUR J.
3201 NORTH 72ND AVENUE
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☐ Change ☒ Addition
NAME	WEINSTEIN, JOEL W.	1.2 NAME		
STREET ADDRESS	111 SKOKIE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL	1.4 CITY-ST-ZIP	60091	
TITLE	DVS	2.1 TITLE		☐ Change ☒ Addition
NAME	CUTLER, NORMAN	2.2 NAME		
STREET ADDRESS	111 SKOKIE BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL	2.4 CITY-ST-ZIP	60091	
TITLE	AS	3.1 TITLE		☐ Change ☒ Addition
NAME	COHN, MARVIN	3.2 NAME		
STREET ADDRESS	55 E MONROE ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	60603	
TITLE	AS	4.1 TITLE		☐ Change ☒ Addition
NAME	MCLANEY, MELISSA L	4.2 NAME		
STREET ADDRESS	111 SKOKIE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL	4.4 CITY-ST-ZIP	60091	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joel W. Weinstein **Joel W. Weinstein, President** **2/ /1995** **708-256-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

04M417 PP