

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 032 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M89212**

1. Corporation Name  
**MOUNT NEBO CHAPELS, INC.**



Principal Place of Business  
**5900 S.W. 77TH AVENUE  
KENDALL FL 33143  
US**

Mailing Address  
**4126 NORLAND AVE.  
BURNABY BC.. CANADA V5G 3S8**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/12/1988**

4. FEI Number

**36-3592246**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **WEINSTEIN, ROBERT A**  
STREET ADDRESS **355 W. DUNDEE ROAD, SUITE 202**  
CITY-STATE-ZIP **BUFFALO GROVE IL 60089**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **24100 NORTH HIGHWAY 45**  
1.4 CITY-STATE-ZIP **VERNON HILLS, IL 60061-3180**

TITLE **VP** ☐ DELETE  
NAME **CASHNER, JEFFREY L**  
STREET ADDRESS **801 TEAS ROAD**  
CITY-STATE-ZIP **CONROE TX 77303**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **PAUL WAGLER**  
2.3 STREET ADDRESS **4126 NORLAND AVENUE**  
2.4 CITY-STATE-ZIP **BURNABY, B.C., CANADA V5G 3S8**

TITLE **CEO** ☐ DELETE  
NAME **CUTLER, NORMAN**  
STREET ADDRESS **111 SKOKIE BOULEVARD**  
CITY-STATE-ZIP **WILMETTE IL 60091**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **JOEL W. WEINSTEIN**  
3.3 STREET ADDRESS **111 SKOKIE BLVD.**  
3.4 CITY-STATE-ZIP **WILMETTE, IL 60091**

TITLE **ST** ☒ DELETE  
NAME **ROLLINGS, GREGORY K**  
STREET ADDRESS **681 NORTH AVENUE**  
CITY-STATE-ZIP **JONESBORO GA 30236**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **SEAN M. GILCHRIST**  
4.3 STREET ADDRESS **801 TEAS ROAD**  
4.4 CITY-STATE-ZIP **CONROE, TX 77303**

TITLE **DAS** ☐ DELETE  
NAME **HYNDMAN, PETER S**  
STREET ADDRESS **4126 NORLAND AVENUE**  
CITY-STATE-ZIP **BURNABY, BC V5G-3S8**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **GEORGE M. AMATO**  
5.3 STREET ADDRESS **4145-58TH STREET**  
5.4 CITY-STATE-ZIP **WOODSIDE, NY 11377**

TITLE **D** ☒ DELETE  
NAME **LOEWEN, RAYMOND**  
STREET ADDRESS **4126 NORLAND AVENUE**  
CITY-STATE-ZIP **BURNABY BC V5G-3S8**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **JOSEPH T. HARDIMAN**  
6.3 STREET ADDRESS **801 TEAS ROAD**  
6.4 CITY-STATE-ZIP **CONROE, TX 77303**

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**

**SIGNATURE REQUIRED** **PETER S. HYNDMAN**

**April 20, 1999**

**(604) 299-9321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #