

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90300 026 ****70.00

DOCUMENT # N00000002837

1. Entity Name

ST. MICHAEL'S CEMETERY FOUNDATION OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

6 NORTH ALCANIZ STREET
 PENSACOLA FL 32501

P.O. BOX 13602
 PENSACOLA FL 32591-3602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3641870

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, PETER C
WHITNEY NATIONAL BANK
101 W GARDEN STREET
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MILES, PETER C	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	% WHITNEY BANK, 101 W GARDEN ST PENSACOLA FL 32501	
TITLE NAME	VD STRINGFIELD, MARGO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	209 BAYSHORE DRIVE PENSACOLA FL 32507	
TITLE NAME	CD FETTERMAN, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	24 LAKESIDE DRIVE PENSACOLA FL 32507-3408	
TITLE NAME	TD REEVES, JAMES J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	730 BAYFRONT PARKWAY PENSACOLA FL 32501	
TITLE NAME	SD GRIMES, LAURENCE H JR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1409 LEMHURST ROAD PENSACOLA FL 32507	
TITLE NAME	D ANSON, HENRY O	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4080 KING ARTHUR DRIVE PENSACOLA FL 32514	

TITLE NAME	Chairperson/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	TD Elton Killam	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6256 East Bay Blvd. Gulf Breeze, FL 32561	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Vice President/Director Claudine Kriss	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4311 Bayou Blvd Q176 Pensacola, FL 32503	

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter C Miles, Chair* **1-18-02** **850/444-3225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/01)