

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 023 ****61.25

DOCUMENT # N00000002837

1. Entity Name
ST. MICHAEL'S CEMETERY FOUNDATION OF PENSACOLA, INC.



Principal Place of Business
**6 NORTH ALCANIZ STREET
 PENSACOLA, FL 32501**

Mailing Address
**P.O. BOX 13602
 PENSACOLA, FL 32591-3602**

44049878



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3641870

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HOOTEN, JOSHUA
 101 W GARDEN ST
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MILES, PETER C	
STREET ADDRESS	% WHITNEY BANK, 101 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STRINGFIELD, MARGO	
STREET ADDRESS	209 BAYSHORE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FETTERMAN, NANCY	
STREET ADDRESS	24 LAKESIDE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 325073408	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELTON, KILLIAM	
STREET ADDRESS	6256 EAST BAY BLVD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, LAURENCE H JR	
STREET ADDRESS	1409 LEMHURST ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAUDINE, K	
STREET ADDRESS	4311 BAYOU BLVD Q176	
CITY-ST-ZIP	PENSACOLA, FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PAPPAS	
STREET ADDRESS	334 ANDREW JACKSON TRAIL	
CITY-ST-ZIP	GULFBREEZE, FL 32561	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIK MEAD	
STREET ADDRESS	3700 POTOMI ROAD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY LEA	
STREET ADDRESS	7050 BELGIUM CIR.	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT MILES	
STREET ADDRESS	312 FORT PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA, BEACH, FL 32561	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHUA HOOTEN	
STREET ADDRESS	1860 E. LEONARD ST.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY FETTERMAN	
STREET ADDRESS	24 LAKESIDE DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	

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: *Joshua M Hooten* **7/21/04** **850-435-6745**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #