

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90085 049 ****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**

50008552



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3641870

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **JOE CHUNG**

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

10359 Chinaberry Ct.

City **Pensacola,**

FL

Zip Code **32534**

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

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 May 1, 2005**

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** Delete
 NAME **PAPPAS, ROBERT**
 STREET ADDRESS **334 ANDREW JACKSON TRAIL**
 CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **P** Delete
 NAME **MEAD, ERIK**
 STREET ADDRESS **3700 PETOSI ROAD**
 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **V** Delete
 NAME **LEA, GRADY**
 STREET ADDRESS **7050 BELGIUM CIR**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **S** Delete
 NAME **MILES, SCOTT**
 STREET ADDRESS **312 FORT PICKENS RD**
 CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **T** Delete
 NAME **HOOTEN, JOSHUA**
 STREET ADDRESS **1860 E LEONARD ST**
 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** Delete
 NAME **FETTERMAN, NANCY**
 STREET ADDRESS **24 LAKESIDE DR**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **(P)** Change Addition
 NAME **MILES, SCOTT**
 STREET ADDRESS **312 FORT PICKENS RD**
 CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **(VP)** Change Addition
 NAME **BRENT WATSON**
 STREET ADDRESS **3350 VALDOR PL.**
 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **(S)** Change Addition
 NAME **PAGE LEE**
 STREET ADDRESS **605 W. MORENO ST.**
 CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **(T)** Change Addition
 NAME **JOE CHUNG**
 STREET ADDRESS **10359 CHINABERRY CT.**
 CITY-ST-ZIP **PENSACOLA, FL ~~32534~~**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

850-435-6745

Daytime Phone #