


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 015 ****61.25

DOCUMENT # N0000002837					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHUNG, JOE 10359 CHINABERRY COURT PENSACOLA, FL 32534				Name ROBERT KOONCE	
				Street Address (P.O. Box Number is Not Acceptable) 310 W. WRIGHT ST.	
				City PENSACOLA FL	
				Zip Code 32501	
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 <u>Robert Koonce</u>		ROBERT KOONCE		4/4/2006	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, ROBERT		NAME	MEAD, ERICK	
STREET ADDRESS	334 ANDREW JACKSON TRAIL		STREET ADDRESS	2700 POTOSI RD	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, PAGE		NAME	GONZALEZ, CHARLIE	
STREET ADDRESS	605 WEST MORENO STREET		STREET ADDRESS	431 WOODBINE DR	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, JOE		NAME	KOONCE, ROBERT	
STREET ADDRESS	10359 CHINABERRY COURT		STREET ADDRESS	310 W. WRIGHT ST.	
CITY-ST-ZIP	PENSACOLA, FL 32534		CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, SCOTT		NAME	SHORES II, HOWARD P.	
STREET ADDRESS	312 FORT PICKENS RD		STREET ADDRESS	5474 CHAMPIONS DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	PAU, FL 32571	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BRENT		NAME	LEE, PAGE	
STREET ADDRESS	3350 VALDOR PLACE		STREET ADDRESS	605 W. MORENO ST.	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETTERMAN, NANCY		NAME		
STREET ADDRESS	24 LAKESIDE DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Koonce</u>		ROBERT KOONCE		4/4/2006 (850) 434-0114	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ADD



02162006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3641870 Applied For Not Applicable

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