

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002837

FILED
Jul 11, 2008
Secretary of State

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

Current Principal Place of Business:

6 NORTH ALCANIZ STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13602
PENSACOLA, FL 325913602

New Mailing Address:

FEI Number: 59-3641870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOONCE, ROBERT
310 W WRIGHT ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SHORES, HOWARD P II
Address: 5474 CHAMPIONS ST.
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: STRINGFIELD, MARGO
Address: 709 BAYSHORE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: KOONCE, ROBERT
Address: 310 W WRIGHT ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: MEAD, ERICK
Address: 3700 POTOSI RD.
City-St-Zip: PENSACOLA, FL 32504

Title: V () Delete
Name: LEE, PAFE
Address: 605 W. MORENO ST.
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: PAPPAS, KAYTY
Address: 8844 SCENIC HILLS DR.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICK MEAD

_____ Electronic Signature of Signing Officer or Director

D

07/11/2008

_____ Date