

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90010 015 ***150.00

DOCUMENT # S34232

1. Corporation Name

BETH DAVID MEMORIAL CHAPEL, INC.

Principal Place of Business

1201 S ORLANDO AVE
SUITE 365
WINTER PARK FL 32789
US

Mailing Address

6366 CENTRAL AVENUE
SUITE B
ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

59-3045190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1201 S. Orlando Ave.

23 City & State

27 Suite, Apt. #, etc.
28 Winter Park, FL

24 Zip

25 Country

29 Zip

30 Country

32789

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FLORIDA 33324

81 Name

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

83 City & State

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PAS ☐ DELETE

NAME KNOPKE, KEENAN L
STREET ADDRESS 1201 S ORLANDO AVE, SUITE 365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE S ☒ DELETE

NAME OLVEY, CORINNE I
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE T ☐ DELETE

NAME MATASAVAGE, FRANK L
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DVP ☐ DELETE

NAME HEFFRON, BRENT F
STREET ADDRESS 1201 S ORLANDO AVE, #365
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME ROWE, WILLIAM
STREET ADDRESS 110 VETRANS MEM BLVD
CITY-ST-ZIP METAIRIE LA 70005

TITLE D ☐ DELETE

NAME HENICAN, JOSEPH
STREET ADDRESS 110 VETRANS MEM BLVD
CITY-ST-ZIP METAIRIE LA 70005

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME MATASAVAGE, FRANK L
1.3 STREET ADDRESS 1201 S. ORLANDO AVE., STE 365
1.4 CITY-ST-ZIP WINTER PARK, FL 32789

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME TRAHAN, LORALICE A.
2.3 STREET ADDRESS 110 VETERANS MEM. BLVD.
2.4 CITY-ST-ZIP METAIRIE, LA. 70005

3.1 TITLE AS ☐ Change ☒ Addition

3.2 NAME BUDDE, KENNETH C.
3.3 STREET ADDRESS 110 VETERANS MEM. BLVD.
3.4 CITY-ST-ZIP METAIRIE, LA. 70005

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Resident/President/Asst. Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

407.740.7000

Daytime Phone #

CR2E034 (1/98)