

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90235 001 \*5,250.00



**DOCUMENT # S34232**  
 1. Entity Name  
**BETH DAVID MEMORIAL CHAPEL, INC.**

Principal Place of Business: **6366 CENTRAL AVE SAINT PETERSBURG FL 33707 US**  
 Mailing Address: **ATTN : SALT PO BOX 11250 NEW ORLEANS LA 70181-1250**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3045190**  
 Applied For  Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS PANTER, MARK A 5101 N. NEBRASKA AVE. TAMPA FL 33603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED LIST</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS FRIOU, THOMAS H 1201 S ORLANDO AVE, #365 WINTER PARK FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TRAHAN, LORALICE A 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS HEFFRON, BRENT F 1201 S ORLANDO AVE, #365 WINTER PARK FL 32788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS BUDDE, KENNETH C 110 VETRANS MEM BLVD METARIE LA 70005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:** Michael G. Hymel **Michael G. Hymel, Vice President** 4/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

66015315  
#334232

**BETH DAVID MEMORIAL CHAPEL, INC.**

**Officer Names and Addresses**

Mark A. Panter	President/Asst Secretary	5101 N. Nebraska Ave., Tampa, FL 33603
Brent F. Heffron	Exec Vice Pres/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Michael G. Hymel	Vice President	1333 S. Clearview Pkwy, Jefferson, LA 70121
Thomas H. Friou	Vice Pres/Sec/Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Kenneth C. Budde	Vice President	1333 S. Clearview Pkwy, Jefferson, LA 70121
Thomas M. Kitchen	Asst Sec/Asst Treas	1333 S. Clearview Pkwy, Jefferson, LA 70121

**Director Names and Addresses**

Thomas M. Kitchen	Director	1333 S. Clearview Pkwy, Jefferson, LA 70121
Kenneth C. Budde	Director	1333 S. Clearview Pkwy, Jefferson, LA 70121
Brent F. Heffron	Director	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789