

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002837

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

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC2560433931**

**Current Principal Place of Business:**

6 NORTH ALCANIZ STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

P.O. BOX 13602  
PENSACOLA, FL 32591-3602

**FEI Number: 59-3641870**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEWCOMER, MATTHEW  
4980 N 12TH AVENUE  
PENSACOLA, FL 32504 US

*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:** MATTHEW NEWCOMER

04/03/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PRISTERA, ROSS  
Address 6111 ENTERPRISE DR. UNIT 2202  
City-State-Zip: PENSACOLA FL 32505

Title S  
Name SOULE, SUSAN  
Address 435 CREARY STREET  
City-State-Zip: PENSACOLA FL 32507

Title T  
Name NEWCOMER, MATTHEW  
Address 4980 N 12TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title D  
Name MEAD, ERICK  
Address 1009 N. REUS ST.  
City-State-Zip: PENSACOLA FL 32501

Title D  
Name STRINGFIELD, MARGO  
Address 209 BAYSHORE DRIVE  
City-State-Zip: PENSACOLA FL 32507

Title VP  
Name MOULTON, BOB  
Address 3970 MENDEZ DR  
City-State-Zip: PENSACOLA FL 32503

*I hereby 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 all other like empowered.*

**SIGNATURE:** MATTHEW NEWCOMER

**TREASURER**

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date