

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105837

**Entity Name:** FAITH MEMORIALS, INC.

**Current Principal Place of Business:**

7871 HWY 90 WEST  
SNEADS, FL 32460

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC4654359243**

**Current Mailing Address:**

P. O. BOX 933  
SNEADS, FL 32460

**FEI Number: 59-3548012**

**Certificate of Status Desired: No**

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

BONDURANT, FRANK E  
4450 LAFAYETTE ST.  
MARIANNA, FL 32446 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DS	Title	DP
Name	TRUETTE, JOANN C	Name	COMERFORD, JOHN P
Address	4206 THOMPSON RD	Address	POST OFFICE BOX 933
City-State-Zip:	MARIANNA FL 32448	City-State-Zip:	SNEADS FL 32460

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOANN C TRUETTE**

**OFFICE MANGER**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date