

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90316 048 \*\*\*150.00

0630691 AT

**DOCUMENT # P98000105837**

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



Principal Place of Business  
P. O. BOX 933  
SNEADS FL 32460

Mailing Address  
P. O. BOX 933  
SNEADS FL 32460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3548012**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRUETTE, MILFORD C</b>	
STREET ADDRESS	<b>P. O. BOX 423</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>TRUETTE, JOANN C</b>	
STREET ADDRESS	<b>P. O. BOX 423</b>	
CITY-ST-ZIP	<b>COTTONDALE FL 32431</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>COMERFORD, JOHN P</b>	
STREET ADDRESS	<b>POST OFFICE BOX 933</b>	
CITY-ST-ZIP	<b>SNEADS FL 32460</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joann C. Truette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 850-593-6828  
Date Daytime Phone #

CR2E034 (10/02)