

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90787 023 ****61.25

DOCUMENT # 706562

1. Entity Name

CHAPEL OF SANTA MARKELLA AND SAINT DEMETRIOS, IN C.

Principal Place of Business

Mailing Address

**400 E. MIRACLE STRIP PARKWAY
 MARY ESTHER FL 32569
 US**

**P.O. BOX 2135
 FORT WALTON BEACH FL 32549
 US**

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

14-8281579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUFFER, CATHERINE
 5 SANDLEWOOD DRIVE
 #16B
 FT. WALTON BEACH FL 32548**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS, WILFRED 515 NUTMEG AVE NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOULOS, TIM 146 LONG POINTE DR. MARY ESTHER FL 32569	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUFFER, CATHERINE 5 SANDLEWOOD DR, #16B FORT WALTON BEACH FL 32548	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, CONNIE 9645 NAVARRE PARKWAY NAVARRE PARKWAY FL 32566	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 617, 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:

SIELO MORGAN / WILFRED MORGAN 4-12-02 850/939-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0006753