2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# 706562

Entity Name: CHAPEL OF SANTA MARKELLA AND SAINT DEMETRIOS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6178270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CATHERINE PUFFER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOOLOS, TIM
Address: 146 LONG POINTE DR
City-St-Zip: MARY ESTHER, FL 32569

Title: V ( ) Delete
Name: BASS, GENE
Address: 138 COUNTRY CLUB DR
City-St-Zip: DESTIN, FL 32541

Title: TD ( ) Delete
Name: PUFFER, CATHERINE
Address: 5 SANDLEWOOD DR, #16B
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD ( ) Delete
Name: MORGAN, CONNIE
Address: 9645 NAVARRE PARKWAY
City-St-Zip: NAVARRE PARKWAY, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHERINE PUFFER TD 10/14/2009
Electronic Signature of Signing Officer or Director — Date