FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:15

DOCUMENT # 717300 (8)

1. Corporation Name
OCEAN REEF CHAPEL, INC.

Principal Place of Business	Mailing Address
32 OCEAN REEF DR OCEAN REEF CLUB KEY LARGO FL 33037	32 OCEAN REEF DR OCEAN REEF CLUB KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1969
3a. Date of Last Report: 01/25/1994
4. FEI Number: 23-7075036 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAENZER, BERNARD J.
29 ANGLEFISH CAY DRIVE
OCEAN REEF CLUB
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name: TOD, NANCY
82 Street Address (P.O. Box Number is Not Acceptable): 3 SUNSET CAY ROAD
83
84 City: KEY LARGO FL 85 Zip Code: 33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: NANCY TOD — Nancy B. Tod — 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
				☐ Change ☐ Addition
TITLE	SD	1.1 TITLE		
NAME	BLACKLIDGE, MARIAN	1.2 NAME		
STREET ADDRESS	19 CHANNEL CAY RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 00000	1.4 CITY-ST-ZIP		
				☒ Change ☐ Addition
TITLE	TD	2.1 TITLE	TD	
NAME	KLEPPER, ROBERT	2.2 NAME	ANTHES SMITH	
STREET ADDRESS	21 E. SNAPPER POINT	2.3 STREET ADDRESS	21 HALFWAY ROAD	
CITY-ST-ZIP	KEY LARGO, FL 00000	2.4 CITY-ST-ZIP	KEY LARGO, FL 33037	
				☒ Change ☐ Addition
TITLE	VP	3.1 TITLE	VP	
NAME	KREITLER, JOHN	3.2 NAME	ERNEST VANDENBERG	
STREET ADDRESS	12 OCEAN REEF DRIVE	3.3 STREET ADDRESS	35 PUMPKIN CAY ROAD	
CITY-ST-ZIP	KEY LARGO, FL 00000	3.4 CITY-ST-ZIP	KEY LARGO, FL 33037	
				☒ Change ☐ Addition
TITLE	PD	4.1 TITLE	PD	
NAME	DAENZER, BERNARD	4.2 NAME	NANCY TOD	
STREET ADDRESS	29 ANGELFISH CAY DR	4.3 STREET ADDRESS	3 SUNSET CAY ROAD	
CITY-ST-ZIP	KEY LARGO, FL 00000	4.4 CITY-ST-ZIP	KEY LARGO, FL 33037	
				☐ Change ☐ Addition
TITLE	VP	5.1 TITLE		
NAME	TOD, NANCY	5.2 NAME		
STREET ADDRESS	3 SUNSET CAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP		
				☐ Change ☐ Addition
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NANCY TOD — Nancy B. Tod — 1/23/95 — 305-367-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005001