

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90001 022 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                                     |                                                                             |                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 717300</b><br>1. Entity Name<br><b>OCEAN REEF CHAPEL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                     |                                                                             |                                                                              |  |
| Principal Place of Business<br><b>32 OCEAN REEF DRIVE<br/>KEY LARGO FL 33037<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                     | Mailing Address<br><b>32 OCEAN REEF DRIVE<br/>KEY LARGO FL 33037<br/>US</b> |                                                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | 3. Mailing Address                                                                                                  |                                                                             |                                                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | Suite, Apt. #, etc.                                                                                                 |                                                                             |                                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              | City & State                                                                                                        |                                                                             | 4. FEI Number<br><b>23-7075036</b>                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | Country                                                                                                             |                                                                             | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                                     |                                                                             | 7. Name and Address of New Registered Agent                                                                                                                   |  |
| <b>OK</b><br><del>CHEVINS, ANTHONY</del><br><del>10 S RD</del><br><del>OCEAN REEF CLUB</del><br><del>KEY LARGO FL 33037</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                                                     |                                                                             | Name<br><b>Chevins, Anthony</b><br>Address (P.O. Box Number is Not Acceptable)<br><b>10 South Road</b><br><b>Ocean Reef Club</b><br><b>Key Largo FL 33037</b> |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                                                     |                                                                             | City<br><b>Key Largo FL</b>                                                                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                     |                                                                             |                                                                                                                                                               |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                             | <b>Make Check Payable to Florida Department of State</b>                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TD</b><br><b>BATES, HENRY</b><br><b>108 ANDROS RD</b><br><b>KEY LARGO FL 33037</b>        | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>VD</b><br><b>MARKS, ANTONIO</b><br><b>406 CARYSFORT RD</b><br><b>KEY LARGO FL 33037</b>   | <input checked="" type="checkbox"/> Delete                                                                          |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ST</b><br><b>DELGADO, GAIL</b><br><b>30 OCEAN REEF DRIVE</b><br><b>KEY LARGO FL 33037</b> | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>P</b><br><b>RICE, LACY</b><br><b>32 SUNSET CAY RD</b><br><b>KEY LARGO FL 33037</b>        | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | <input type="checkbox"/> Delete                                                                                     |                                                                             |                                                                                                                                                               |  |
| 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. |                                                                                              |                                                                                                                     |                                                                             |                                                                                                                                                               |  |
| <b>SIGNATURE:</b> _____ <b>1/24/04 305 367 2600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                                     |                                                                             |                                                                                                                                                               |  |