

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90181 016 ****70.00

DOCUMENT # 717300 1. Entity Name OCEAN REEF CHAPEL, INC.					
Principal Place of Business 32 OCEAN REEF DRIVE KEY LARGO, FL 33037 US				Mailing Address 32 OCEAN REEF DRIVE KEY LARGO, FL 33037 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 23-7075036	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHEVINS, ANTHONY 10 S RD OCEAN REEF CLUB KEY LARGO, FL 33037				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATES, HENRY 108 ANDROS RD KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OISABATINO, EUGENE 24 THATCH PALM WAY KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELGADO, GAIL 30 OCEAN REEF DRIVE KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, LACY 32 SUNSET CAY RD KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 an other like empowered.			SIGNATURE: <i>[Signature]</i> Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>3/1/05</i> Daytime Phone #: <i>305-367-4224</i>		