

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN - 8 AM 9:39

DOCUMENT # **720885** (3)

1. Corporation Name  
**THE CHAPEL-BY-THE-SEA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**100 CHAPEL STREET FORT MYERS BEACH FL 33931-3202**

3. Date Incorporated or Qualified **05/05/1971** 3a. Date of Last Report **02/23/1994**  
4. FEI Number **59-1163471** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 27  
23 28  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
**PEDERSEN, KJELL  
2555 ESTERO BLVD  
FT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>FITZSIMONS, E.F.</b>
STREET ADDRESS	<b>280 SEMINOLE WAY</b>
CITY - ST - ZIP	<b>FT. MYERS BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>HELMS, BUD</b>
STREET ADDRESS	<b>12931 KELLY BAY CT</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>MASON, BETTE</b>
STREET ADDRESS	<b>155 BAYMAR</b>
CITY - ST - ZIP	<b>FT. MYERS BEACH FL</b>
TITLE	<b>ST</b>
NAME	<b>DIXON, ADELE</b>
STREET ADDRESS	<b>4253 BAY BCH LN</b>
CITY - ST - ZIP	<b>FT MYERS BCH FL</b>
TITLE	<b>D</b>
NAME	<b>WILCOX, MILT</b>
STREET ADDRESS	<b>16921 GINGER LANE SW</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: *Adelle Dixon* Secretary/Treasurer 4/12/95 813-463-3173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)