

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720885 (3)
1. Corporation Name
THE CHAPEL-BY-THE-SEA



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

3. Date Incorporated or Qualified: **05/05/1971** 3a. Date of Last Report: **06/08/1995**
4. FEI Number: **59-1163471** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZSIMONS, E.F.	
STREET ADDRESS	280 SEMINOLE WAY	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELMS, BUD	
STREET ADDRESS	12931 KELLY BAY CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, BETTE	
STREET ADDRESS	155 BAYMAR	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DIXON, ADELLE	
STREET ADDRESS	4253 BAY BCH LN	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILCOX, MILT	
STREET ADDRESS	16921 GINGER LANE SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
2.2 NAME	SPEARLY, GROVE JR
2.3 STREET ADDRESS	12880 Kelly Bay Court
2.4 CITY-ST-ZIP	FL MYERS FL
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 119.07(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 4/25/96 941 463 3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ADELLE DIXON** Church Treasurer Date: Daytime Phone #

CR2E037 (12/95)