

FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720885

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/05/1971
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1163471
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
		30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEDERSEN, KJELL 2555 ESTERO BLVD FT MYERS BEACH FL 33931		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZSIMONS, E.F.	1.2 NAME	Adelle D. Litchfield
STREET ADDRESS	280 SEMINOLE WAY	1.3 STREET ADDRESS	4253 Bay Beach Lane D2
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BBEYERL, STUART	2.2 NAME	Stan Seeds
STREET ADDRESS	14750 EAGLE RIDGE DR, 218	2.3 STREET ADDRESS	14610 Highland Harbour
CITY-ST-ZIP	FT. MYERS FL 33912	2.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WELTON, ROGER S	3.2 NAME	
STREET ADDRESS	4263 BAY BEACH LANE #114	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESTER, JOYCE	4.2 NAME	Ann T. Wienstroer
STREET ADDRESS	2 AVENIDA CARITA	4.3 STREET ADDRESS	16400 Millstone Circle #106
CITY-ST-ZIP	FT MYERS BCH FL 33931	4.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEEDS, STAN	5.2 NAME	Bartlett (Buzz) Tyler
STREET ADDRESS	14610 HIGHLAND HARBOUR	5.3 STREET ADDRESS	7148 Estero Blvd 120E
CITY-ST-ZIP	FT. MYERS FL 33908	5.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Ann T. Wienstroer* 2/22/99 (941) 463-3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)