


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90027 016 ****61.25

DOCUMENT # 720885

1. Entity Name
THE CHAPEL-BY-THE-SEA



Principal Place of Business Mailing Address

100 CHAPEL STREET **P O BOX 2997**
FORT MYERS BEACH, FL 33931 **FORT MYERS BEACH, FL 33932**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-1163471 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SOUTHWORTH, DEAN
169 IBIS STREET
FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HICKS, LLOYD
STREET ADDRESS	16291 CROWN ARBOR WY
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	S
NAME	CALLAHAN, NEIL DIVINE, IRMA
STREET ADDRESS	18420 OUTLAGE DRIVE 2545 ESTERO BLVD #33
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931
TITLE	T
NAME	LLOYD, CALVIN
STREET ADDRESS	4255 ESTERO BLVD
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931
TITLE	VP
NAME	FAY, MARILYN TOMNEY, DOUGLAS
STREET ADDRESS	15011 LAKESIDE VIEW DR #2403 9220 BAYBERRY BLVD #204
CITY - ST - ZIP	FORT MYERS, FL 33909 33908
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Irma Divine **IRMA DIVINE** April 1, 2008 239-463-3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #