FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726830

Corporation Name

CHAPEL OF ETERNAL LIFE, INC.

Principal Place of Business ***
1547 N FLORIDA MANGO RD
BLDG 14 UNIT 4
WEST PALM BEACH FL 33409

Mailing Address

552 SANTA SE RD

WEST PALM BEACH FL 33406

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90106 006 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed				
21		26				06/29/1973				4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number		- 1	oplied For	4
22		27				59-2547449		N ₁	ot Applicable	_
City & State City & State						5. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip	Country Zip			ntry		6. Election Campaign Financing		\$5.00	May Be	1
<u> </u>	25 29 30			-		Trust Fund Contribution			to Fees	
	9. Name and Address of Current F					10. Name and Address of New Regis	stered A	Agent]
	And the state of t	<u> </u>		81	Name					
LIGHT FV HIABITA D										4
HOLLEY, JUANITA D				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				}
552 SANTA FE RD				83						1
WEST PA	LM BEACH FL 33406									_
				84	City		FL	, [Code	
office or re	to the provisions of Sections 617.0502 and sections 617.0502 and sections are desired agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	honzed	ועסנ	ine corporatioi	ration submits this statement for the purp n's board of directors. I hereby accept the	ose of appoir	changing its itment as re	s registered egistered	
SIGNATURE							ATE			_
	Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	egistered	Agent	signature required	ADDITIONS/CHANGES TO OFFICE		D DIRECT	DRS IN 12	- 3
12.	OFFICERS AND	DIRECTORS DELETE	1			ADDITIONS/CHANGES TO CITICE	110 /11	Change	Addition	, ;
TITLE	-			1.1 TITLE						,
NAME	HANNALORE, MARTIN			1.2 NAME						5
STREET ADDRESS	33 PALM DRIVE			1.3 STREET ADDRESS						ļ
CITY-ST-ZIP	WEST PALM BEACH FL 33406			1.4 CITY-ST-ZIP						۶ٍ ⊢
TITLE	VD DELETE			2.1 TITLE				☐ Change	Addition	Ί,
NAME	FAFERKO, LOUISE CONTRACTO 22			AME						
STREET ADDRESS	2329 KENTUCKY ST DECEASED			2.3 STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33406			ITY-S	T-ZIP	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	_			
TITLE				3.1 TITLE				☐ Change	☐ Addition	4
NAME				AME						
STREET ADDRESS				Treet	ADDRESS					1
				ITY-S		,				
CITY-ST-ZIP TITLE				TLE	-			☐ Change	☐ Addition	ī
NAME	-			IAME				_		
	HOLLET, COMMING				ADDRESS					ļ
STREET ADDRESS	302 3741771 2 713					<u> </u>				-}
CITY-ST-ZIP	DELETE 6			!!Y-\$1	- ZIP			Change	Addition	┧
TITLE				AME						
NAME	TARRILLION, SHIKE TO 12				ADDRESS					
STREET ADDRESS	5180 FEKNIFA DRIW YELLING									
CITY-ST-ZIP	WEST PALM BEACH	,FL 22415		ITY-\$1	-ZIP				□ A 44(8)	\exists
TITLE	•	☐ DELETE	6.1 π					☐ Change	Addition	1
NAME			6.2 N	AME						
STREET ADDRESS	ADDRESS 6.3 S				ADDRESS					
										- 1

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-1999

(561)697-1708

CR2E0