

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90926 033 ****61.25

DOCUMENT # 726830

1. Entity Name
CHAPEL OF ETERNAL LIFE, INC.

Principal Place of Business Mailing Address
 1547 N FLORIDA MANGO RD 552 SANTA SE RD
 BLDG 14 UNIT 4 WEST PALM BEACH FL 33406
 WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2547449 Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLEY, JUANITA D
552 SANTA FE RD
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE Juanita D. Holley DATE January 10, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANNALORE, MARTIN	
STREET ADDRESS	33 PALM DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TARRILLION, SHIRLEY	
STREET ADDRESS	5780 FERNLEY DR., W. APT. 137	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	CM	<input type="checkbox"/> Delete
NAME	DAVISSON, GARY N	
STREET ADDRESS	4611 S CONGRESS AVE APT #213	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLLEY, JUANITA D	
STREET ADDRESS	552 SANTA FE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Juanita D. Holley DATE January 10, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)