

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90081 041 ****61.25

DOCUMENT # 726830

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2547449

Applied For

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANNALORE, MARTIN ☐ Delete
STREET ADDRESS ~~33 PALM DRIVE~~ 1643 woods BEND Rd.
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE VD
NAME TARRILLION, SHIRLEY ☐ Delete
STREET ADDRESS 5780 FERNLEY DR., W. APT. 137
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE CM
NAME DAVISSON, GARY N ☐ Delete
STREET ADDRESS 4611 S CONGRESS AVE APT #213
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE STD
NAME HOLLEY, JUANITA D ☐ Delete
STREET ADDRESS 552 SANTA FE RD
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2004 (561)697-1708
Date Daytime Phone #