

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90126 013 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/05)

4. FEI Number

59-2547449

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: HANNALORE, MARTIN
 STREET ADDRESS: 1643 WOODS BEND RD.
 CITY-ST-ZIP: WEST PALM BEACH FL 33406

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

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

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

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

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

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

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Juanita D. Holley* 2-20-2006 (561)697-1708