

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State



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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/06)

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

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 reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input type="checkbox"/> Delete
NAME	HANNALORE, MARTIN	
STREET ADDRESS	1643 WOODS BEND RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000621745	
CITY-ST-ZIP	02/12/07-80029-008 61.25	

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

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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 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

PH: 561-697-1708

February 1, 2007