


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 726948</b> 1. Entity Name THE CHAPEL OF FORT WALTON BEACH, INC.	
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Principal Place of Business 100 JONQUIL AVE NW FT WALTON BEACH, FL 32548	Mailing Address 100 JONQUIL AVE NW FT WALTON BEACH, FL 32548
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**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1525971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MURIE, KEN  
100 JONQUIL AVE.  
FT WALTON BCH, FL 32548

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURIE, KENNETH W. 100 JONQUIL AVE. FORT WALTON BCH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, HOWARD 2780 HIGHWAY 87, N NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURIE, DONNA 100 JONQUIL AVE. FORT WALTON BCH, FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000638813  
02/27/07-80027-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **2-14-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #