


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 726948
 1. Entity Name
THE CHAPEL OF FORT WALTON BEACH, INC.



Principal Place of Business Mailing Address
 100 JONQUIL AVE NW 100 JONQUIL AVE NW
 FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-1525971 Not Applicable

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

6. Name and Address of Current Registered Agent
MURIE, KEN
100 JONQUIL AVE.
FT WALTON BCH, FL 32548

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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$81.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURIE, KENNETH W.
STREET ADDRESS	100 JONQUIL AVE.
CITY-ST-ZIP	FORT WALTON BCH, FL 32548
TITLE	D
NAME	JONES, HOWARD
STREET ADDRESS	2780 HIGHWAY 87, N
CITY-ST-ZIP	NAVARRE, FL 32568
TITLE	D
NAME	MURIE, DONNA
STREET ADDRESS	100 JONQUIL AVE.
CITY-ST-ZIP	FORT WALTON BCH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/26/08-80044-011 61.25

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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: *Ken Murie* **KEN MURIE** **2-13-08** **750 343 5814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #