FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738363** **(1)**

1. Corporation Name

AMELIA PLANTATION CHAPEL, INC.

Principal Place of Business	Mailing Address
P O BOX 8014 AMELIA ISLAND FL 32035 US	P O BOX 8014 AMELIA ISLAND FL 32035 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/15/1977**

3a. Date of Last Report: **02/02/1995**

4. FEI Number: **59-1738977** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBS, ARTHUR I.
303 CENTRE ST.
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

(81) Name

(82) Street Address (P.O. Box Number is Not Acceptable)

(83)

(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Required Signature of New Registered Agent) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HOPKINS, WALTER	
STREET ADDRESS	21 MARSH HAWK RD.	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	TD	☐ DELETE
NAME	DAVIS, DONALD	
STREET ADDRESS	4891 GENOA DRIVE	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VPD	☒ DELETE
NAME	HENNING, MARY	
STREET ADDRESS	3432 FIDDLERS BEND	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	SD	☐ DELETE
NAME	KULLMAN, JACKIE	
STREET ADDRESS	18 LAUREL OAK	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	☐ Change ☒ Addition
3.2 NAME	James Hill	
3.3 STREET ADDRESS	8030 First Coast Highway, #6A	
3.4 CITY-ST-ZIP	Amelia Island, FL 32034	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. M. Davis, Treasurer — 1/20/96 — 904-277-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Donald Davis — Date — Daytime Phone #