FILE NOW: FILING FEE IS $61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32035-8014 US

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 01/26/1996

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOPKINS, WALTER		1.2 NAME	James Hill	
STREET ADDRESS	21 MARSH HAWK RD.		1.3 STREET ADDRESS	8030 First Coast Highway #6A	
CITY-ST-ZIP	AMELIA ISLAND FL		1.4 CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DONALD		2.2 NAME		
STREET ADDRESS	4891 GENOA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HILL, JAMES		3.2 NAME	Janet Kolar	
STREET ADDRESS	8030 FIST COAST HWY. #6A		3.3 STREET ADDRESS	36 Sea Marsh Road	
CITY-ST-ZIP	AMELIA ISLAND FL		3.4 CITY-ST-ZIP	~~Amelia Island, FL 32034~~	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	KULLMAN, JACKIE		4.2 NAME	Claire Salmond	
STREET ADDRESS	18 LAUREL OAK		4.3 STREET ADDRESS	1 Marsh Hawk	
CITY-ST-ZIP	AMELIA ISLAND FL		4.4 CITY-ST-ZIP	Amelia Island, FL 32034	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Arthur I. Jacobs TREASURER 1/12/97 904-277-4414
ENTER NAME OF PERSON TYPED OR PRINTED NAME OF FILING OFFICER REQUIRED Date Daytime Phone # 0000332