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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738363

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	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/15/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1738977 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBS, ARTHUR I. ~~309 CENTRE ST~~ 401 CENTRE ST FERNANDINA BEACH FL 32034	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	TD	☐ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	BRISACH, E M		1.2 NAME	NORMAN WIGDALE	
STREET ADDRESS	10 MARSH HAWK		1.3 STREET ADDRESS	121 MARSH CREEK	
CITY-ST-ZIP	FERNANDINA FL 32054		1.4 CITY-ST-ZIP	FNDA BCH FL 32034	
TITLE	VPD	☐ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	EZELL, HOWARD		2.2 NAME	JOANN SPEAS	
STREET ADDRESS	35 MARSH HAWK		2.3 STREET ADDRESS	BOX 8015	
CITY-ST-ZIP	FERNANDINA FL 32034		2.4 CITY-ST-ZIP	FERNANDINA FL 32034	
TITLE	PD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~HILL, JAMES~~		3.2 NAME		
STREET ADDRESS	~~8030 FIRST COAST HIGHWAY, #6A~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~AMELIA ISLAND FL 32034~~		3.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SALMOND, CLAIRE~~		4. 2 NAME		
STREET ADDRESS	~~1 MARSH HAWK~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~AMELIA ISLAND FL 32034~~		4.4 CITY-ST-ZIP		
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 31 Jan 99 904 261-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. to BRISACH, TREASURER