2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2004 8:00 am **Secretary of State DOCUMENT #738363** 03-17-2004 90027 008 ****61.25 AMELIA PLANTATION CHAPEL, INC. Principal Place of Business Mailing Address 241124133 1450 BOWMAN RD P 0 BOX 8014 AMELIA ISLAND, FL 32035 AMELIA ISLAND, FL 32035 US A ... 180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142004 CR2E037 (10/03) Chg-NP 4. FEI Number 59-1738977 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBS, ARTHUR I. Street Address (P.O. Box Number is Not Acceptable) 401 CENTRE ST. FERNANDINA BEACH, FL 32034 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing - Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change PD TITLE Detete TITLE ☐ Addition LATIMER, HAL GOWER WILLIAM NAME NAME 26 SALT MARSH DR 3438 SEA MARSH RD STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP VPD TITLE Delete ППЕ Change ☐ Addition SHAW, SANDRAK 10 DUNES ROW GOWEN, WILLIAM NAME NAME 26 SALT MARSH DR STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-7P TITLE Change Addition TITLE Delete TD SHAW, SANDRA K. NAME NELSON, MARY L NAME 7 JUNIPER COURT... STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL 320346403 CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH 32034 TITLE Change ☐ Addition Delete TITLE NAME NAME Ĵ, STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 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.

Dandra K. Ahaw Trasurer
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

3-15-04 (904)277-4414

Date

Daytime Phone #