FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744950 (7)

1. Corporation Name
THE CHAPEL, INCORPORATED

Principal Place of Business	Mailing Address
3819 LOMI LOMI DR HOLIDAY FL 34691	3819 LOMI LOMI DR HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1978
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2893515 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business,	2a. Mailing Address
21 2216 ERIN AVE	26 2216 ERIN AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOLIDAY FL.	28 City & State: HOLIDAY
24 Zip: 34690 25 Country: PASCO	29 Zip: 34690 30 Country: PASCO

9. Name and Address of Current Registered Agent

ZALESKI, CAROL J REV
3819 LOMI LOMI DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 963 MILWAUKEE AVE. APT. 110
03
04 City: DUNEDIN FL 05 Zip Code: 34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rev. Carol J Zaleski
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D ☒ Change ☐ Addition
NAME	JOHNSTON, ROB'T H,REV,FR	1.2 NAME	JOHNSTON, ROB'T, REV
STREET ADDRESS	1622 A LEISURE LANE	1.3 STREET ADDRESS	1622 A LEISURE LANE
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	DUNEDIN FL.
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	EPLER, REV. DORIS	2.2 NAME	
STREET ADDRESS	3725 CHERRYWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P ☐ Change ☐ Addition
NAME	ZALESKI, CAROL J REV	3.2 NAME	
STREET ADDRESS	3819 LOMI LOMI DR	3.3 STREET ADDRESS	963 MILWAUKEE
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	DUNEDIN FL. 34698
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CRANE, REV. SANDRA	4.2 NAME	
STREET ADDRESS	1741 FAIRFIELD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	PIOR, HARRY	5.2 NAME	REV. WILLIAM R. STEELY
STREET ADDRESS	301 LEMON ST., APT 1.	5.3 STREET ADDRESS	PO BOX 3418
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	SPRING HILL FL. 34606
TITLE	D	6.1 TITLE	T\S\D ☒ Change ☐ Addition
NAME	FRAME, BRUCE	6.2 NAME	FRAME, BRUCE
STREET ADDRESS	710 E. PENT ST	6.3 STREET ADDRESS	710 E. PENT. ST.
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	TARPON SPRINGS FL.

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: Rev. Carol J. Zaleski 2/11/95 813-734-3618
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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