

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2004
Secretary of State**

DOCUMENT# N00000001281

Entity Name: CHAPEL CENTER @ USF, INC.

Current Principal Place of Business:

12850 NORTH 50TH STREET
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

12850 NORTH 50TH STREET
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3630914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICCERI, TED DR.
527 LANTERN CIRCLE
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOLEY, JEAN REV.
Address: 23451 CHERBOURG LOOP
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: SOLOMONSON, LARRY P DR.
Address: 912 WEST LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MICCERI, TED DR
Address: 527 LANTERN CIRCLE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DS () Delete
Name: ALEWYNSE, MANON
Address: 301 W. HANLON ST
City-St-Zip: TAMPA, FL 33604

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, WAYNE REV.
Address: 15125 NIGHTHAWK DR
City-St-Zip: TAMPA, FL 34625

Title: D (X) Change () Addition
Name: CHRISTINE, PROBES P DR.
Address: 27108 ARROWBROOK WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NAVITA, JAMES DR
Address: 15810 SPRINGCREST CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Change (X) Addition
Name: WINGARD, RICHARD
Address: 414 FOREST PARK
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. WAYNE ROBINSON

PRES

04/06/2004

Electronic Signature of Signing Officer or Director

Date