

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 05, 2006  
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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

BERKINS, CHARLES  
26754 WINGED ELM DRIVE  
WESLEY CHAPEL, FL 33543      US

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: CHARLES BERKINS

06/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D      ( ) Delete  
Name: PROBES, CHRISTINE M DR  
Address: 27108 ARROWBROOK WAY  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: D      ( ) Delete  
Name: JAMES, NAVITA C DR.  
Address: 15810 SPRINGCREST CIRCLE  
City-St-Zip: TAMPA, FL 33624

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: WILLARD, DREW REV.  
Address: 4826 BARTELT ROAD  
City-St-Zip: HOLIDAY, FL 34690

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

Title: DV      (X) Change ( ) Addition  
Name: MICCERI, TED DR  
Address: 527 LANTERN CIRCLE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D      (X) Change ( ) Addition  
Name: LEE, III, ARTHUR R REV  
Address: 401 S BROADWAY  
City-St-Zip: ENGLEWOOD, FL 34223

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES BERKINS

T

06/05/2006

Electronic Signature of Signing Officer or Director

Date