

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2006  
Secretary of State**

DOCUMENT# N05000011131

Entity Name: THE CHAPEL AT JACKSONVILLE INC

**Current Principal Place of Business:**

1452 SAN AMARO ROAD  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

4619 MONUMENT POINTE CIRCLE  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

PO BOX 10205  
JACKSONVILLE, FL 322470205 US

**New Mailing Address:**

FEI Number: 20-3707798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD, DALE F  
4619 MONUMENT POINT CIRCLE  
JACKSONVILLE, FL 32225 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: P ( ) Delete  
Name: HOWARD, DALE F  
Address: 4619 MONUMENT POINT CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP ( ) Delete  
Name: CHURCH, WILLIAM P  
Address: 1452 SAN AMARO ROAD  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SEC (X) Delete  
Name: HOWARD, JENNIFER A  
Address: 4619 MONUMENT POINT CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TR (X) Delete  
Name: CHURCH, SUZANNE D  
Address: 1452 SAN AMARO ROAD  
City-St-Zip: JACKSONVILLE, FL 32207 US

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

Title: P (X) Change ( ) Addition  
Name: HOWARD, DALE F  
Address: 4619 MONUMENT POINTE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP (X) Change ( ) Addition  
Name: HOWARD, JENNIFER A  
Address: 4619 MONUMENT POINTE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32225 US

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

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: DALE F HOWARD

PRES

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date