

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011131

FILED
Sep 23, 2009
Secretary of State

Entity Name: THE CHAPEL AT JACKSONVILLE INC

Current Principal Place of Business:

4619 MONUMENT POINTE CIRCLE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4619 MONUMENT POINTE CIRCLE
JACKSONVILLE, FL 32225 US

New Mailing Address:

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

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 POINTE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32225 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: MCLAUGHLIN, VAUGHN
Address: 5732 NORMANY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

PD

09/23/2009

_____ Date