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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N16881 (7)

1. Corporation Name
ZOE CHAPEL, INC.



Principal Place of Business Mailing Address
6501 ARLINGTON EXPRESSWAY BLDG A STE 120 JACKSONVILLE FL 32211 US
PO BOX 8448 JACKSONVILLE FL 32239-0448 US

3. Date Incorporated or Qualified 09/18/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2737546
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Certificate of Status Desired [X] \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIorentino-Snell, KATHY
1701 THE GRENS WAY #2011
BLDG A, STE 120
JACKSONVILLE BCH FL 32250

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2313 Misty Drive
83
84 City Jacksonville FL 85 Zip Code 32211

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE 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 PD [] DELETE
NAME FIORENTINO, JUDY
STREET ADDRESS 6733 HEIDI ROAD
CITY-ST-ZIP JACKSONVILLE FL
TITLE VD [] DELETE
NAME FIORENTINO-SNELL, KATHY
STREET ADDRESS 1701 THE GREENS WAY #2011
CITY-ST-ZIP JACKSONVILLE BCH FL
TITLE STD [] DELETE
NAME SANDERS, JAMES
STREET ADDRESS 8775 TWENTIETH ST #901
CITY-ST-ZIP VERO BCH. FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [X] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS 2313 Misty Drive
2.4 CITY-ST-ZIP Jacksonville, FL 32211
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Kathy Fiorentino-Snell 4/17/97 904) 725-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)