ck # 584

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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:54

DOCUMENT # N37402 (7)

1. Corporation Name
RIVER RANCH CHAPEL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 30122 RIVER RANCH FL 33867-7122	P.O. BOX 30122 RIVER RANCH FL 33867-7122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3009891 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, RAYMOND T.
24700 HWY 60 EAST
LOT 95
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TCD	1.1 TITLE	☒ Change ☐ Addition
NAME	MURPHY, SYLVIA D.	1.2 NAME	Florence P. Bailey
STREET ADDRESS	567 OAKMONT DR.	1.3 STREET ADDRESS	5937 OAKmont DR
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	Lake Wales, Florida 33853
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, HOMER D.	2.2 NAME	
STREET ADDRESS	24700 HWY 60 EAST LOT 70	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP	
TITLE	TST	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RAYMOND	3.2 NAME	
STREET ADDRESS	24700 HWY 60 E LOT 95	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ALETHA, SHIREY	4.2 NAME	
STREET ADDRESS	5555 COLUMBIA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Williams, Raymond T. Raymond T. Williams JAN 24, 1995 863-692-9130
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0088910