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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000002270 (5)**

1. Corporation Name
FALLING CREEK CHAPEL, INC.

Principal Place of Business	Mailing Address
ROUTE 1. BOX 247 LAKE CITY FL 32055	ROUTE 1. BOX 247 LAKE CITY FL 32055-9801

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21 RT. 16, Box 798
22 Suite, Apt. #, etc.
23 City & State: Lake City FL
24 Zip: 32055 25 Country: USA

2a. Mailing Address
26 RT. 16, Box 798
27 Suite, Apt. #, etc.
28 City & State: Lake City Fl
29 Zip: 32055 30 Country: USA

4. FEI Number: 59-3317105 ☐ 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

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

9. Name and Address of Current Registered Agent

MOORE, ESTHER
ROUTE 1, BOX 247
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: MOORE, ESTHER (no change in name)
82 Street Address (P.O. Box Number is Not Acceptable): RT. 16, Box 798
83
84 City: LAKE CITY FL 85 Zip Code: 32055

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 _____ 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROOKS, LINDA		1.2 NAME	PINGEL, CHERYL (Reverend)	
STREET ADDRESS	1219 DANCY STREET		1.3 STREET ADDRESS	RT.3, BOX 1140	
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP	Macclenny, FL 32063	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, ESTHER		2.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 247		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, KENNETH		3.2 NAME		
STREET ADDRESS	P.O. BOX 1216 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32056		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDREU, BOB		4.2 NAME	Ogden, Rufus	
STREET ADDRESS	ROUTE 1, BOX 239-B5		4.3 STREET ADDRESS	Rt. 8, Box 422	
CITY-ST-ZIP	LAKE CITY FL 32055		4.4 CITY-ST-ZIP	Lake City, FL 32055	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	PINGEL, CHERYL		5.2 NAME	Ogden, Margie	
STREET ADDRESS	ROUTE 3, BOX 1140		5.3 STREET ADDRESS	Rt. 8, Box 422	
CITY-ST-ZIP	MACCLENNY FL 32063		5.4 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ROOKS, MARGARET		6.2 NAME	Williams, Ronald	
STREET ADDRESS	1219 DANCY STREET		6.3 STREET ADDRESS	Rt. 1, Box 515	
CITY-ST-ZIP	JACKSONVILLE FL 32205		6.4 CITY-ST-ZIP	Lake City, Fl 32055	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED Kenneth Moore 1/7/97 (904)752-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000626