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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
RT 16. BOX 798 LAKE CITY FL 32055 US	RT 16. BOX 798 LAKE CITY FL 32055 US

3. Date Incorporated or Qualified: 05/08/1995

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 no

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

MOORE, ESTHER
RT 16, BOX 798
LAKE CITY FL 32055

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 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		☐ Change ☐ Addition
NAME	PINGEL, REV CHERYL		1.2 NAME		
STREET ADDRESS	RT 3, BOX 1140		1.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MOORE, ESTHER		2.2 NAME	Joe R. Osburn	
STREET ADDRESS	ROUTE 1, BOX 247		2.3 STREET ADDRESS	Rt. 8, Box 1641	
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP	Lake City, Florida 32055	
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	OGDEN, RUFUS		4.2 NAME	CLARICE MORRELL	
STREET ADDRESS	RT 8, BOX 422		4.3 STREET ADDRESS	RT 1, BOX 470	
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	OGDEN, MARGIE		5.2 NAME		
STREET ADDRESS	RT 8, BOX 422		5.3 STREET ADDRESS	Rt. 17, Box 1688	
CITY-ST-ZIP	LAKE CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMS, RONALD		6.2 NAME	MAMIE PARSONS	
STREET ADDRESS	RT 1, BOX 515		6.3 STREET ADDRESS	9897 ADAMS ROAD	
CITY-ST-ZIP	LAKE CITY FL		6.4 CITY-ST-ZIP	WELLBORN, FL 32094	

CR2E037 (10/97)

14. I 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] KENNETH MOORE 4/23/98 904-752-6565