FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90022 010 ****61.25

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DOCUMENT # N95000002270

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/08/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3317105 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☒ Change ☐ Addition
NAME	PINGEL, REV CHERYL		1.2 NAME	Wayne Hook	
STREET ADDRESS	RT 3, BOX 1140		1.3 STREET ADDRESS	Rt. 16, Box 754	
CITY-ST-ZIP	MACCLENNY FL		1.4 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	OSBURN, JOE R		2.2 NAME	OSBURN, JOE R	
STREET ADDRESS	RT. 8 BOX 1641		2.3 STREET ADDRESS	Rt. 8, Box 1641	
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MOORE, KENNETH		3.2 NAME	HUDSON, KEITH	
STREET ADDRESS	P.O. BOX 1216 N/A		3.3 STREET ADDRESS	Rt. 7, Box 486	
CITY-ST-ZIP	LAKE CITY FL 32056		3.4 CITY-ST-ZIP	Lake City, Fl 32025	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MORRELL, CLARICE		4.2 NAME	Morrell, Clarice	
STREET ADDRESS	RT 1 BOX 470		4.3 STREET ADDRESS	Rt. 1, Box 470	
CITY-ST-ZIP	WHITE SPRINGS FL 32096		4.4 CITY-ST-ZIP	~~White Springs, FL 32096~~	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	OGDEN, MARGIE		5.2 NAME	OGDEN, MARGIE	
STREET ADDRESS	RT 17 BOX 1688		5.3 STREET ADDRESS	RT. 17, Box 1688	
CITY-ST-ZIP	LAKE CITY FL		5.4 CITY-ST-ZIP	~~LAKE CITY, FL 32055~~	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PARSONS, MAMIE		6.2 NAME	MOORE, GUY	
STREET ADDRESS	9897 ADAMS ROAD		6.3 STREET ADDRESS	501 Estes Road	
CITY-ST-ZIP	WELLBORN FL 32094		6.4 CITY-ST-ZIP	Jacksonville, FL 32208	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sec/T 5/24/99 904/752-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #