2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90014 005 ****61.25

DOCUMENT # N95000002270

1. Entity Name

FALLING CREEK CHAPEL, INC.

54037046

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
~~RT 16, BOX 798~~ 1051 N.W. Moore Farms Rd. LAKE CITY FL 32055 US	PO BOX 3715 LAKE CITY FL 32056-3715 US

2. Principal Place of Business	3. Mailing Address
1051 N.W. Moore Farms Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State
Zip: 32055 Country: Columbia	Zip / Country

4. FEI Number: 59-3317105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, ESTHER RT 16, BOX 798 LAKE CITY FL 32055	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~JOLLEY, PENNY~~ Thomas, Penny ~~RT 16 BOX 801~~ 283 N.W. Moore Farms Rd. LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Cheryl Pingel 1059 E. US 90 Macclenny, FL 32063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRANZ, MARILYN P.O. BOX 608 WELLBORN FL 32094	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary Ricketson PO Box 2099 Lake City, FL 32056
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOORE, RUTH ~~RT 16 BOX 800~~ 1835 N.W. Moore Farms Rd. LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Esther Moore 1051 ~~RT~~ N.W. Moore Farms Rd. Lake City, FL 32055
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, KENNETH PO BOX 1216 LAKE CITY FL 32056-1216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elizabeth Thomas 480 N.E. Heather Gem Lake City, FL 32055
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOORE, DWAYNE ~~RT 16 BOX 800~~ 1835 N.W. Moore Farms Rd. LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOORE, W D RT 16, BOX 800 LAKE CITY FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia A Moore Treasurer 4/18/04 (386) 752-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #