


ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90096 015 ****61.25

66016896



DOCUMENT # N95000002270 1. Entity Name FALLING CREEK CHAPEL, INC.					
Principal Place of Business 1061 NW MOORE FARMS RD LAKE CITY, FL 32055 US			Mailing Address PO BOX 3715 LAKE CITY, FL 32056-3715 US		
2. Principal Place of Business 1290 NW FALLING CREEK RD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3317105	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ESTHER RT 16, BOX 790 LAKE CITY, FL 32055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1051 NW MOORE FARMS RD. 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 _____					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 THOMAS, PENNY 283 NW MOORE FARMS RD LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Esther Moore 1051 NW Moore Farms Rd Lake City FL 32055	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINGEL, CHERYL 1059 E. US 90 MACCLENNY, FL 32063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LAWRENCE E. HENDRICK P.O. BOX 2801 LAKE CITY, FL 32056-2801	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, RUTH 1835 NW MOORE FARMS RD LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNETH MOORE P.O. BOX 1216 LAKE CITY, FL 32056-1216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, KENNETH PO BOX 1216 LAKE CITY, FL 320561216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SHEPARD 2520 172ND ST. LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, DWAYNE 1835 NW MOORE FARMS RD LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D CHERYL PINGEL 1059 E. US 90 MACCLENNY, FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETSON, MARY PO BOX 2099 LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDIE FRAUCK 4548 126TH PLACE - A WELBORN FL 32094	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Ken Moore</u>				Date: <u>May 10, 2005</u> (386) 52-6565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

66016896

**TO: DIVISION OF CORPORATIONS
Florida Department of State
P.O. Box 1500
Tallahassee, Fl 32302-1500**

**FROM: FALLING CREEK CHAPEL
1290 NW FALLING CREEK ROAD
P. O. BOX 3715
LAKE CITY, FL 32056-3715**

REF: DOCUMENT #N95000002270

**WE RECEIVED THE RETURNED ANNUAL REPORT TO BE SIGNED BY
AN OFFICER OF THE CORPORATION.**

**WE HAVE MADE THE NECESSARY CHANGES ON THE FORM AND SIGNED
IT. DUE TO LACK OF SPACE ON THE ORIGINAL FORM, THIS PAGE IS
ATTACHED TO ADD AN ADDITIONAL OFFICER TO NUMBER 11 ON THE
FORM. CALL 386-752-6565 (ELIZABETH) FOR ANY QUESTIONS.**

No. 11 PENNY THOMAS is still the S/D - SECRETARY/DIRECTOR

LAWRENCE E. HENDRICK IS THE P/D - PRESIDENT/DIRECTOR

KENNETH MOORE IS THE T/D - TREASURER/DIRECTOR

ROBERT SHEPARD IS A D - DIRECTOR

**REV. CHERYL PINGEL IS VP/D - VICE PRESIDENT/DIRECTOR
AND IS AN ALTERNATE**

GOLDIE FRALICK IS A D - DIRECTOR

**ESTHER MOORE IS A D - DIRECTOR AND IS ALSO
THE AGENT**