


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006364 (0)**  
 1. Corporation Name  
**HOLIDAY METAPHYSICAL CHAPEL, INC.**



Principal Place of Business <b>5811 AULD LANE HOLIDAY FL 34680</b>	Mailing Address <b>5811 AULD LANE HOLIDAY FL 34680</b>
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3. Date Incorporated or Qualified  
**11/10/1997**

4. FEI Number  Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent  
**SIGARDSON, RITA REV  
 4346 SWALLOWTAIL DRIVE  
 NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIGARDSON, RITA REV	
STREET ADDRESS	4346 SWALLOWTAIL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FILLOW, LORETTA	
STREET ADDRESS	2024 ESSEX DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIRCHNER, DIANE	
STREET ADDRESS	8711 SHADOW RIDGE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEPEDINO, DAVE	
STREET ADDRESS	3146 MATCHLUCK DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34652	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRCHNER, LARRY	
STREET ADDRESS	12880 SHADOW RIDGE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, CLINT	
STREET ADDRESS	15234 HAYS RD	
CITY-ST-ZIP	SPRING HILL FL 34610	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Rita Sigardson*

CR2E037 (10/97)