

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 16, 1999.
 AMOUNT DUE ON OR BEFORE 9/16/99: \$41.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$234.25.

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 DEC -1 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 905-490-2001

DOCUMENT # **N97000006364**

1. Corporation Name
HOLIDAY METAPHYSICAL CHAPEL, INC.

Principal Place of Business
 5811 AULD LANE
 HOLIDAY FL 34880

Mailing Address
 5811 AULD LANE
 HOLIDAY FL 34880

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1) Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	11/10/1997
2) City & State	27. City & State	4. FEI Number
3) Zip	28. Zip	59- APPLIED FOR 32111024
4) Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/>
	30. Country	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May be Added to Fee

9. Name and Address of Current Registered Agent
SIGARDSON, RITA REV
4346 SWALLOWTAIL DRIVE
NEW PORT RICHEY FL 34853

18. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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 submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGARDSON, RITA REV	1.2 NAME	
STREET ADDRESS	4346 SWALLOWTAIL DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34853	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLOW, LORETTA	2.2 NAME	
STREET ADDRESS	2024 ESSEX DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLIDAY FL 34881	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHNER, DIANE	3.2 NAME	
STREET ADDRESS	8711 SHADOW RIDGE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HUDSON FL 34889	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEPEDINO, DAVE	4.2 NAME	
STREET ADDRESS	3148 MATCHLUCK DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLIDAY FL 34852	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHNER, LARRY	5.2 NAME	
STREET ADDRESS	12880 SHADOW RIDGE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	HUDSON FL 34889	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CLINT	6.2 NAME	
STREET ADDRESS	15234 HAYS RD	6.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL FL 34810	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 817, 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 *[Signature]* 7/5/99 815-0422

CR2007 (5/99)

KE