

DOCUMENT # N97000006364

1. Entity Name

HOLIDAY METAPHYSICAL CHAPEL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-31-2000 90004 042 ****70.00

Principal Place of Business

5811 AULD LANE
HOLIDAY FL 34690

Mailing Address

5811 AULD LANE
HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3211624

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIGARDSON, RITA REV
 4348 SWALLOWTAIL DRIVE
 NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34653

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE P. ☐ Delete
 NAME SIGARDSON, RITA REV
 STREET ADDRESS 4348 SWALLOWTAIL DRIVE
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE V ☒ Delete
 NAME FILLOW, LORETTA
 STREET ADDRESS 2024 ESSEX DRIVE
 CITY-ST-ZIP HOLIDAY FL 34691

TITLE S ☐ Delete
 NAME KIRCHNER, DIANE
 STREET ADDRESS 8741 SHADOW RIDGE
 CITY-ST-ZIP HUDSON FL 34669

TITLE D ☒ Delete
 NAME TEPEDINO, DAVE
 STREET ADDRESS 3148 MATCHLUCK DRIVE
 CITY-ST-ZIP HOLIDAY FL 34652

TITLE D ☐ Delete
 NAME KIRCHNER, LARRY
 STREET ADDRESS 12660 SHADOW RIDGE
 CITY-ST-ZIP HUDSON FL 34669

TITLE D ☒ Delete
 NAME JONES, CLINT
 STREET ADDRESS 15234 HAYS RD
 CITY-ST-ZIP SPRING HILL FL 34610

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME Rev. Rita Sigardson
 STREET ADDRESS 6430 Remus Drive
 CITY-ST-ZIP New Port Richey, FL 34653

TITLE ☒ Change ☐ Addition
 NAME KIRCHER, DIANE REV.
 STREET ADDRESS 12660 Shadow Ridge Blvd
 CITY-ST-ZIP Hudson, Florida 34669

TITLE S ☐ Change ☐ Addition
 NAME Rev. Diane Kirchner
 STREET ADDRESS 12660 Shadow Ridge Blvd
 CITY-ST-ZIP Hudson, FL 34669

TITLE D ☒ Change ☐ Addition
 NAME Jeanne Reese
 STREET ADDRESS 10824 La Quinta Drive
 CITY-ST-ZIP New Port Richey, Florida 34654

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
 NAME Lori Dugan
 STREET ADDRESS 1098 Sunwood Avenue
 CITY-ST-ZIP Tarpun Springs, Florida 34689

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)