

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90287 014 \*\*\*\*61.25

**DOCUMENT # N97000006364**

1. Entity Name  
**HOLIDAY METAPHYSICAL CHAPEL, INC.**

Principal Place of Business Mailing Address  
**5811 AULD LANE 5811 AULD LANE**  
**HOLIDAY FL 34690 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**  
**6430 REMUS DR.**  
**NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent  
 Name **Rev. Diane L. Kirchner**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12660 Shadow Ridge Blvd.**  
 City **Hudson** FL Zip Code **34669**

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 *Rev. Diane L. Kirchner* 2-9-2001  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIGARDSON, RITA REV</b> <b>6430 REMUS DR</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KIRCHER, DIANE REV.</b> <b>12660 SHADOW RIDGE BLVD</b> <b>HUDSON FL 34669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KIRCHNER, DIANE</b> <b>12660 SHADOW RIDGE BLVD</b> <b>HUDSON FL 34669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REESE, JEANNE</b> <b>10824 LA QUINTA DRIVE</b> <b>NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIRCHNER, LARRY</b> <b>12660 SHADOW RIDGE</b> <b>HUDSON FL 34669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUGAN, LORI</b> <b>1098 SILKWOOD AVENUE</b> <b>TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Reverend</b> <b>Diane L. Kirchner</b> <b>12660 Shadow Ridge Blvd</b> <b>Hudson, FL 34669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.</b> <b>Rev. Rita Sigardson</b> <b>6430 Remus Drive</b> <b>New Port Richey FL 34653</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Rebecca Worthington</b> <b>6415 Massachusetts Ave, lot 20</b> <b>New Port Richey FL 34653</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Rebecca Worthington* 2-9-2001 (813) 478-1124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)