

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 015 ****61.25

DOCUMENT # N97000006364			
1. Entity Name HOLIDAY METAPHYSICAL CHAPEL, INC.			
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



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3211624		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIGARDSON, RITA REV. 5811 AULD LANE HOLIDAY FL 34690		7. Name and Address of New Registered Agent Name SPALDI, SANDRA REV. Street Address (P.O. Box Number is Not Acceptable) 8207 OLD POST ROAD City PORT RICHEY FL Zip Code 34668	
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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 *Rev. Sandra Spaldi* **REV. SANDRA SPALDI** **FEBRUARY 27, 2005**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOMMERFELD, MARY LOU 12544 SHADOW RIDGE HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVEREND SANDRA SPALDI 8207 OLD POST ROAD PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEMENORICH, MICHAEL 6326 DELAWARE AVE. NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOANN KENYON 9815 HILLTOP DRIVE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEISE, SUSAN 4109 CALLE ATLA CT. NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN TOMPKINS 7115 MELI CT. PORT RICHEY FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REESE, JEANNE 10824 LA QUINTA DRIVE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REV. PHILOMENA POLAND 8411 PAXTON DRIVE PORT RICHEY FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INSCOE, WINNIE 8635 ELM LEAF CIR PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN CLARK P.O. BOX 891 LECANTO FL 34460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEOTY, LINDA L 5922 TENNESSEE NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEN LAFOREST 17210 RIDGE LINE TRAIL HUDSON FL 34667 <input checked="" 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: *Jeanne Reese* **JEANNE REESE** **FEB. 27, 2005** (727) 841-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #