

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744950 (7)

1. Corporation Name

THE CHAPEL, INCORPORATED

Principal Place of Business

3819 LOMI LOMI DR
HOLIDAY FL 34691

Mailing Address

3819 LOMI LOMI DR
HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1978

3a. Date of Last Report
04/14/1994

4. FEI Number
59-2893515

Applied For
Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business,

21 2216 ERIN AVE

2a. Mailing Address

26 2216 ERIN AVE.

City & State

23 HOLIDAY FL.

City & State

28 HOLIDAY

Zip

24 34690

Country

25 PASCO

Zip

29 34690

Country

30 PASCO

9. Name and Address of Current Registered Agent

ZALESKI, CAROL J REV
3819 LOMI LOMI DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

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

83 263 MILWAUKEE AVE. APT. 110

84 City

DUNEDIN

FL

85 Zip Code

34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Rev. Carol J. Zaleski

Signature, typed or printed name of registered agent, and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME JOHNSTON, ROBT H, REV, FR
STREET ADDRESS 1622 A LEISURE LANE
CITY - ST - ZIP DUNEDIN FL

TITLE VP
NAME EPLER, REV. DORIS
STREET ADDRESS 3725 CHERRYWOOD DR.
CITY - ST - ZIP HOLIDAY FL

TITLE P
NAME ZALESKI, CAROL J REV
STREET ADDRESS 3819 LOMI LOMI DR
CITY - ST - ZIP HOLIDAY FL

TITLE D
NAME CRANE, REV. SANDRA
STREET ADDRESS 1741 FAIRFIELD ST.
CITY - ST - ZIP HOLIDAY FL

TITLE D
NAME PIOR, HARRY
STREET ADDRESS 301 LEMON ST., APT. 1.
CITY - ST - ZIP TARPON SPRINGS FL

TITLE D
NAME FRAME, BRUCE
STREET ADDRESS 710 E. PENT ST
CITY - ST - ZIP TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JOHNSTON, ROBT, REV
1.3 STREET ADDRESS 1622 A LEISURE LANE
1.4 CITY - ST - ZIP DUNEDIN FL. ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE P
3.2 NAME
3.3 STREET ADDRESS 263 MILWAUKEE
3.4 CITY - ST - ZIP DUNEDIN FL. 34698 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE D
5.2 NAME REV. WILLIAM R. STEELY
5.3 STREET ADDRESS PO BOX 3418
5.4 CITY - ST - ZIP SPRING HILL FL. 34606 ☒ Change ☐ Addition

6.1 TITLE T/S/D
6.2 NAME FRAME, BRUCE
6.3 STREET ADDRESS 710 E. PENT ST.
6.4 CITY - ST - ZIP TARPON SPRINGS FL. ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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: Rev. Carol J. Zaleski
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/11/95 813-734-3618
Date (Signature) (Phone #)