

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

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 045 ****61.25

DOCUMENT # N04536

1. Entity Name

CHAPEL OF WINDMILL VILLAGE, INC.



Principal Place of Business

% S. IRENE BROWN
196 ELBERG DR WINDMILL VILL
N. FORT MYERS FL 33903
US

Mailing Address

% S. IRENE BROWN
196 ELBERG DR WINDMILL VILL
N. FORT MYERS FL 33903
US

50028956



1st MOORE CR2E037 (10/04)

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, S I
196 ELBURG DR W V
N FT MYERS FL 33903

Name

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

City

FL

Zip Code

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

S Irene Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TDS	<input type="checkbox"/> Delete
NAME	HUDSON, THEA	
STREET ADDRESS	368 HAGUE DR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUT, JAN G	
STREET ADDRESS	322 DYKE DR.	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOPER, FRED	
STREET ADDRESS	235 LUCERNE DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BROWN, IRENE	
STREET ADDRESS	196 ELBURG DR W V	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, HELEN	
STREET ADDRESS	205 ELBURY DR.	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUF, BETTY	
STREET ADDRESS	9030 ARBOR DR	
CITY-ST-ZIP	N FT MYERS FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN GRYZENHOUT	
STREET ADDRESS	Correct spelling.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

S Irene Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Date Daytime Phone #