



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 744848 1. Entity Name OUR LADY OF PEACE CHAPEL, INC.	
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Principal Place of Business 2241 DAVIE BLVD FORT LAUDERDALE, FL 33312	Mailing Address 4491 SW 102 AVE DAVIE, FL 33328 US
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2299406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BIRCH, JAMES
4491 SW 102 AVE
FORT LAUDERDALE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENKINS, WILLIAM J 1641 BRAMAN AVE FT MYERS, FL 36630
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENKINS, REV. WILLIAM W. 2310 ROBERTSON AVE NORWOOD, OH 45212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, REV. CLARENCE HEART'S CONTENT RD. ROUND TOP, NY.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BIRCH, JAMES G 4491 SW 102 AVE FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUMBERGER, REV P HEARTS CONTENT ROAD ROUND TOP, NY 12473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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01/10/08-80003-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James Birch **1/4/08** **954-214-5019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #