2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712167

Entity Name: THE ROYAL POINCIANA CHAPEL, INC.

Current Principal Place of Business:

60 COCOANUT ROW PALM BEACH, FL 33480

Current Mailing Address:

60 COCOANUT ROW

PALM BEACH, FL 33480 US

FEI Number: 59-6032877 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RANDOLPH, JOHN CMR 505 SOUTH FLAGLER DRIVE 1100

WEST PALM BEACH, FL 33401 US

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:

Electronic Signature of Registered Agent

Date

FILED Jan 22, 2014

Secretary of State

CC0256265458

Officer/Director Detail:

Title Title S

MOORE, DUDLEY Name Name RANDOLPH, CATER Address 220 EL BRAVO WAY Address 265 MIRAMAR WAY

City-State-Zip: WEST PALM BEACH FL 33405 City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR Title DIRECTOR Name DIZNEY, DON Name ALEXANDER, BEN

Address 313 DUNBAR ROAD Address 214 QUEENS LANE

City-State-Zip: PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR Title **DIRECTOR** HUGHES, JACK Name Name MIMS, LLOYD 9 ALNWICK ROAD Address Address 415 29TH STREET

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: WEST PALM BEACH FL 33407

Title **TREASURER** Title **DIRECTOR** Name THOMAS, JOHN Name KAUFMANN, ELLEN

Address 1938 PORTAGE LANDING NORTH 311 COCOANUT ROW Address

APT. 202

NORTH PALM BEACH FL 33408 City-State-Zip: City-State-Zip: PALM BEACH FL 33480

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

01/22/2014 SIGNATURE: JOHN THOMAS **TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name STRICKLAND, SUE

Address 145 SEASPRAY AVENUE
City-State-Zip: PALM BEACH FL 33480