

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000005898

Entity Name: CHAPEL OF FAITH, INC.

Current Principal Place of Business:

633 HERBERT STREET
PORT ORANGE, FL 32129

Current Mailing Address:

633 HERBERT STREET
PORT ORANGE, FL 32129 US

FEI Number: 30-1104319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOLEY, JONATHAN
629 HERBERT ST.
PORT ORANGE, FL 32129 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: JONATHAN FOLEY

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FOLEY, SAM REV.
Address 629 HERBERT ST.
City-State-Zip: PORT ORANGE FL 32129

Title TRUSTEE
Name MCDONALD, ROBERT
Address 2241 S PALMETTO AVE
City-State-Zip: SOUTH DAYTONA FL 32119

Title TRUSTEE
Name MCNAMARA, LINDA
Address 4792 S. RIDGEWOOD AVE APT 318
City-State-Zip: PORT ORANGE FL 32127

Title TRUSTEE
Name PARTIN, MARY
Address 1207 SPARTON AVE
City-State-Zip: PORT ORANGE FL 32127

Title TRUSTEE
Name PROVENZA, FANNY
Address 4792 S RIDGEWOOD AVE APT 314
City-State-Zip: PORT ORANGE FL 32127

Title TRUSTEE
Name FOLEY, JONATHAN
Address 629 HERBERT ST.
City-State-Zip: PORT ORANGE FL 32129

Title SECRETARY, TRUSTEE
Name HAGER, CYNTHIA
Address 1012 LAKE AVE.
City-State-Zip: EDGEWATER FL 32132

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.

SIGNATURE: JONATHAN FOLEY

TRUSTEE

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date