FOLEY, JONATHAN 739 HORSEMAN DR. PORT ORANGE, FL 32127 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		03/08/2023
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT, VC	Title	CHAIRMAN
Name	FOLEY, SAM REV.	Name	FOLEY, JONATHAN
Address	885 NIXON LN	Address	739 HORSEMAN DR.
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32127
Title	SECRETARY, TRUSTEE, TREASURER	Title	TRUSTEE
Name	HAGER, CYNTHIA	Name	HOCKETT-FOLEY, JOYCE JEANNINE
Address	337 LINDA CIRCLE	Address	885 NIXON LN
City-State-Zip:	SOUTH DAYTONA FL 32119	City-State-Zip:	PORT ORANGE FL 32129

2023 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

## Name and Address of Current Registered Agent:

FOLEY, JONATHAN 739 HC PORT

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

CHAIR

03/08/2023 Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 08, 2023 Secretary of State 1368186511CC

Certificate of Status Desired: No