### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002270

Entity Name: FALLING CREEK CHAPEL, INC.

Apr 26, 2015 Secretary of State CC3343967239

**FILED** 

# **Current Principal Place of Business:**

1290 NW FALLING CREEK RD LAKE CITY. FL 32055

## **Current Mailing Address:**

PO BOX 3715

LAKE CITY. FL 32056-3715 US

FEI Number: 59-3317105 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MOORE, WOODROW D 1835 NW MOORE FARMS RD LAKE CITY, FL 32055 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: WOODROW D. MOORE 04/26/2015

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title P/D Title T/D

NamePINGEL, CHERYL RNamePAYNE, ROSEAddress1059 E US 90Address4354 HICKORY ST.

City-State-Zip: MACCLENNY FL 32063 City-State-Zip: MACCLENNY FL 32063

Title VP Title S/D

Name JOHNSON, KEVIN Name TAYLOR, ALICE

Address 136 SE FONTANA GLN Address 897 NW MORRELL DR.

City-State-Zip: LAKE CITY FL 32025 City-State-Zip: WHITE SPRINGS FL 32096

Title D Title D

Name MIDGETT, SUZANNE Name SWART, GAIL

Address 6124 WARDEN CIR. Address 768 NW MANSFIELD DR.

City-State-Zip: SANDERSON FL 32087 City-State-Zip: WHITE SPRINGS FL 32096

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: ROSE PAYNE TREASURER 04/26/2015