

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # 706562

1. Entity Name
**CHAPEL OF SANTA MARKELLA AND SAINT DEMETRIOS,
INC.**



Principal Place of Business
**400 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569 US**

Mailing Address
**P.O. BOX 2135
FORT WALTON BEACH, FL 32549 US**



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-8281579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUFFER, CATHERINE
5 SANDLEWOOD DRIVE
#16B
FT. WALTON BEACH, FL 32548**

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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 retesting)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOLOS, TIM 146 LONG POINTE DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASS, GENE 138 COUNTRY CLUB DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUFFER, CATHERINE 5 SANDLEWOOD DR, #16B FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, CONNIE 9645 NAVARRE PARKWAY NAVARRE PARKWAY, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000634253
02/22/07-80002-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Catherine Puffer Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07
Date

850-244-0822
Daytime Phone #

9 AM-2 PM