

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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**



02292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6178270

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**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

U00000937646

05/27/08 80060-000 61.25

10. OFFICERS AND DIRECTORS

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

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

850-244-0822

Daytime Phone #

FROM 9 AM 4/11 2 PM