


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90028 016 \*\*\*\*70.00

<b>DOCUMENT # 706860</b>					
1. Entity Name CHAPEL ON THE HILL OF THE UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 12601 PARK BLVD. 12601 PARK BLVD. SEMINOLE, FL 34646		Mailing Address 12601 PARK BLVD. 12601 PARK BLVD. SEMINOLE, FL 34646		4000-	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01232008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1088974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
VON WERDER, VERNON 9369 120TH STREET NORTH SEMINOLE, FL 33772				Name <b>LEE, William T</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>101 Bath Club Concourse</b>	
				City <b>N. Redington Beach</b> FL Zip Code <b>33708</b>	
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: <u>William T. Lee</u> <i>William T Lee</i>				DATE: <u>2/6/08</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	F	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLERTON, KEN		NAME	REXROAD, JAMES	
STREET ADDRESS	12730 PELORIA CT		STREET ADDRESS	11310 117th AVE N	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	LARGO, FL 33774	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WILLIAM T		NAME		
STREET ADDRESS	101 BATH CLUB CONCOURSE		STREET ADDRESS		
CITY-ST-ZIP	N RODINGTON BEACH, FL 33708		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GAIL		NAME		
STREET ADDRESS	11268 59 AVE N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, RANDY		NAME	VAN DE PUTTE, KAREN	
STREET ADDRESS	8325 OAKHURST RD		STREET ADDRESS	10404 138th ST N	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>WILLIAM T LEE</u> <i>William T Lee</i>		DATE: <u>2/6/08</u>		Daytime Phone #: <u>727-399-0058</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	