

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:31

DOCUMENT # 709112 (7)  
1. Corporation Name  
WESTWOOD ALLIANCE CHAPEL, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
6101 DENSON DR ORLANDO FL 32808 6101 DENSON DR ORLANDO FL 32808

3. Date Incorporated or Qualified 06/10/1965 3a. Date of Last Report 11/23/1993  
4. FEI Number 59-1438394 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
DUNWELL, JON N.  
3024 N. POWERS DRIVE #17  
ORLANDO FL 32818

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 8633 Snowfire Drive  
83  
84 City Orlando FL 85 Zip Code 32818

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DUNWELL, JON N
STREET ADDRESS	3024 N. POWERS DRIVE #17
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BROWN, DEBBRAH
STREET ADDRESS	8524 LANDALE CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	SULLIVAN, CATHY
STREET ADDRESS	6023 DENSON DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	RETALLACK, DON
STREET ADDRESS	3045 BRIDGEHAMTON LAND
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dunwell, Jon N.
1.3 STREET ADDRESS	8633 Snowfire Drive
1.4 CITY - ST - ZIP	Orlando, FL 32818
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brown, Debra
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Smith, Kathy
3.3 STREET ADDRESS	2003 Whitfield Lane
3.4 CITY - ST - ZIP	Orlando, FL 32835
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Baker, Bob
4.3 STREET ADDRESS	978 Glenmeadow Drive
4.4 CITY - ST - ZIP	Winter Garden, FL 34787
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jon N. Dunwell January 25, 1995 (407) 295-4381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Write Here)