

4-20-98 B - 5145 c  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 Apr 20 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709112 (7)**  
 1. Corporation Name  
**WESTWOOD ALLIANCE CHAPEL, INCORPORATED**



Principal Place of Business <b>6101 DENSON DR ORLANDO FL 32808</b>	Mailing Address <b>6101 DENSON DR ORLANDO FL 32808</b>
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3. Date Incorporated or Qualified <b>06/10/1965</b>		
4. FEI Number <b>59-1438394</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year (Intangible Personal Property Tax due June 30). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DUNWELL, JON N.  
8633 SNOWFIRE DRIVE  
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNWELL, JON N	1.2 NAME	
STREET ADDRESS	8633 SNOWFIRE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARISSA EVANS	2.2 NAME	
STREET ADDRESS	6140 SHADOWOOD CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON RUMEAU	3.2 NAME	Annette Dixon
STREET ADDRESS	912 AMERICAN BEAUTY ST.	3.3 STREET ADDRESS	3402 Veradale Ave.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, FL 32806
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROBERT	4.2 NAME	Gloria Baker
STREET ADDRESS	978 GLENMEADOW DR.	4.3 STREET ADDRESS	978 Glenmeadow Drive
CITY - ST - ZIP	WINTER GARDEN FL	4.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: 4/13/98 (407) 295-4384  
Signature and typed or printed name of signing officer or director Daytime Phone # 0116694

CR2E037 (10/97)