

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90105 027 ****61.25

DOCUMENT # 709112

1. Entity Name

WESTWOOD ALLIANCE CHAPEL,
INCORPORATED



70025625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6900 N. Silver Star Road

3. Mailing Address
P.O. Box 680338

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number 59-1438394

Applied For
Not Applicable

Zip Country
32818 USA

Zip Country
32868 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jon R. Dunwell

Street Address (P.O. Box Number is Not Acceptable)

8633 Snowfire Drive

City Orlando

FL

Zip Code
32818

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME
D Roberson, Richard
STREET ADDRESS
219 Flame Avenue
CITY-ST-ZIP
Maitland, FL 32751

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
D Stepp, Glenn
STREET ADDRESS
6615 Lakeville Road
CITY-ST-ZIP
Orlando, FL 32818

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
D Kibbe, Jeanne
STREET ADDRESS
8611 Park Highland Drive
CITY-ST-ZIP
Orlando, FL 32818

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
T Rumeau, Jason
STREET ADDRESS
912 American Beauty Street
CITY-ST-ZIP
Orlando, FL 32818

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
S Eldridge, Stuart
STREET ADDRESS
219 S. Main Street
CITY-ST-ZIP
Winter Garden, FL 34787

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon N. Dunwell, President

2/5/03

407/295-4381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)