

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90051 036 ****70.00

DOCUMENT # 718167

1. Entity Name
**GARDEN CHAPEL CHURCH OF RELIGIOUS SCIENCE,
INC.**



Principal Place of Business
**5 ROSA L. JONES DRIVE
COCOA, FL 32922 US**

Mailing Address
**480 SAIL LN
APT 302
MERRITT ISLAND, FL 32953 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7065049

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GFELLER, VIRGIL A REV
480 SAIL LN
APT 302
MERRITT ISLAND, FL 32953**

Name

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

City

FL

Zip Code

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 \$81.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GATTON, DARLENE**
CITY-ST-ZIP **2660 LIBERTY AVENUE
TITUSVILLE, FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FLANAGAN, KATHRYN**
CITY-ST-ZIP **410 MONROE AVE #101
CAPE CANAVERAL, FL 32920**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **MEDEIROS, JERRY**
CITY-ST-ZIP **3475 PELICAN CIRCLE
TITUSVILLE, FL 32780**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **VIRGINIA PANEK**
CITY-ST-ZIP **303 CHARLES DR
MELBOURNE, FL 32935**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **DEVIVO, JOHN**
CITY-ST-ZIP **1006 BEACON ST NW
PALM BAY, FL 32907**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **DALE BOYER**
CITY-ST-ZIP **4495 ELLIOT AVE
TITUSVILLE, FL 32780**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GFELLER, VIRGIL**
CITY-ST-ZIP **480 SAIL LN APT 302
MERRITT ISLAND, FL 32953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLLFIELD, CAROL**
CITY-ST-ZIP **4155 PRIME AVE
ROCKLEDGE, FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Virgil Gfeller

VIRGIL GFELLER

3/15/07

321-634-5188