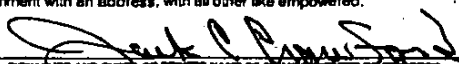


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90014 043 ****61.25

DOCUMENT # 718416					
1. Entity Name THE ALTAMONTE CHAPEL, A COMMUNITY CHURCH					
Principal Place of Business 825 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701-5001 US			Mailing Address 825 E ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701-5001 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2332001	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JAEGGER, JOERG F. 217 E. IVANHOE BLVD. N. ORLANDO, FL 32804				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2008		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	SCD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, CAROL		NAME	Walter Johnson	
STREET ADDRESS	2609 CHINOOK TRL		STREET ADDRESS	2609 Chinook Trl.	
CITY-ST-ZIP	MAITLAND, FL		CITY-ST-ZIP	Maitland, FL	
TITLE	PD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SWARTZ, TOM		NAME		
STREET ADDRESS	108 LAMPLIGHTER RD		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOOSEMAN, EDNA		NAME		
STREET ADDRESS	227 DEBORA CT		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	Jack Crawford	☒ Change ☐ Addition
NAME	SHOEMAKER, EVA		NAME	571 N. Ridge Lake Cir.	
STREET ADDRESS	174 W. BABAL PALM PLACE		STREET ADDRESS	Longwood, FL 32750	
CITY-ST-ZIP	LONGWOOD, FL 32778		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: 			Date: 5-11-08 407 Daytime Phone # 231-5208		