

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718416

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** THE ALTAMONTE CHAPEL, A COMMUNITY CHURCH

**Current Principal Place of Business:**

825 E ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 327015001 US

**New Principal Place of Business:**

**Current Mailing Address:**

825 E ALTAMONTE DR.  
ALTAMONTE SPRINGS, FL 327015001 US

**New Mailing Address:**

**FEI Number:** 59-2332001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAEGGER, JOERG F.  
217 E. IVANHOE BLVD. N.  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, WALTER  
Address: 2609 CHINOOK TRL  
City-St-Zip: MAITLAND, FL

Title: VPD ( ) Delete  
Name: GOOSEMAN, EDNA  
Address: 227 DEBORA CT  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: S ( ) Delete  
Name: CRAWFORD, JACK  
Address: 1571 N RIDGE LAKE CIR  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BARRETT, LEE  
Address: 113 VARIETY TREE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK CRAWFORD

S

04/06/2009

Electronic Signature of Signing Officer or Director

Date