

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90027 016 ****61.25

DOCUMENT # 720885

1. Entity Name
THE CHAPEL-BY-THE-SEA



Principal Place of Business
**100 CHAPEL STREET
FORT MYERS BEACH, FL 33931**

Mailing Address
**P O BOX 2997
FORT MYERS BEACH, FL 33932**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1163471

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOUTHWORTH, DEAN
169 IBIS STREET
FORT MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HICKS, LLOYD**
STREET ADDRESS **16291 CROWN ARBOR WY**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **S**
NAME **CALLAHAN, NEIL DIVINE, IRMA**
STREET ADDRESS **18420 OUTLAGE DRIVE 2545 ESTERO BLVD #33**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **T**
NAME **LLOYD, CALVIN**
STREET ADDRESS **4255 ESTERO BLVD**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **VP**
NAME **FAY, MARILYN TOMNEY, DOUGLAS**
STREET ADDRESS **15011 LAKESIDE VIEW DR. #2402 9220 BAYBERRY**
CITY-ST-ZIP **FORT MYERS, FL 33909 33908 BLVD #204**

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 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:

IRMA DIVINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2008 234-463-3173
Date Daytime Phone #