2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State 01-25-2008 90029 028 ****61.25

DOCUMENT # 721275 1. Entity Name COMMUNITY CHAPEL-BY-THE-SEA, INC.						01-25-200	8 90029	028 ****6	51.25
Principal Place 8240 SOUTH MELBOURNE		Mailing Address 8240 SOUTH A-1-A MELBOURNE BEACH, FL	•		100 100 10 110		201 21 2 11 212 11 1	11-274 E1-241 E1-241 E1-2	411 84 87 188 4
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142	2008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			Number -16399	946		<u> </u>	oplied For
Zip	Country	Zip	Country			Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current R	legistered Agent	<u> </u>	7. Nал	ne and Ad	ddress of New	Registered		· <u>-</u>
CORRELL	DICLIADO		Name						
	, RICHARD VAY DRIVE ACH, FL		Street Address		s (P.O. Box Number is Not Acceptable)				
	NE BEACH, FL 32951								
			City				F	_ !	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registered agent	, or both,	in the State of	Florida. I ar	n familiar with,	and accept
tile congat	ions or registrated agont.								
SIGNATURE .	N. 5								
	Signature, typed or printed name of registered agent an								
Ĭ	Signature, typed or printed name or registered agent at	nd true ir appacable. (NOTE:	Registered Agent signati	are required when reinsta	ating)		DATE		
	Filing Feb is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing		May Be	FI	Make che	ck payable t artment of S	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	S5.00 Added to	May Be o Fees	FI IGES TO OFFIC	Make che orlda Dep	ck payable t artment of S	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Feb is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE PD SORRELL, RICHARD 402 FAIRWAY DRIVE MELBOURNE BEACH, FL	9. Election Cam Trust Fund Co ECTORS	paign Financing ontribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	S5.00 Added to ADDITION VD Raymon 5045 P	May Be o Fees NS/CHAN d Ch alm	GES TO OFFICE ristia Dr.	Make che orlda Dep CERS AND (ck payable teartment of S	I 10 Addition
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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.

Lelsma Sheryl D. Sietsma 1/18/08 321-724-8721 Daytime Phone # Date