

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 722338**

1. Entity Name  
PINE STREET CHAPEL, INC.



Principal Place of Business

915 PINE ST.  
LAKE WORTH, FL 33460 US

Mailing Address

% KEN HUEBNER  
25 SWALLOW DR.  
BOYNTON BCH., FL 33436 US



01232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1760094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HUEBNER, KENNETH G  
25 SWALLOW DR  
BOYNTON BCH, FL 33436

**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 or individual (If registered agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STARR, HENRY
STREET ADDRESS	5305 S.E. MATOUSEK
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	KERR, RICHARD
STREET ADDRESS	148 10TH CT. NW
CITY-ST-ZIP	BOYNTON BEACH, FL 33626
TITLE	STD
NAME	HUEBNER, KEN
STREET ADDRESS	25 SWALLOW DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	BASSALI, MAURICE
STREET ADDRESS	1615 LANDSEND RD
CITY-ST-ZIP	POINT MANALADAN, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000605653  
01/30/07-80044-010 61.25

**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:

*[Signature]*

Date

Devilvine Phone # 727-23-07