## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # 730867

(9)

THE INDEPENDENT CHAPEL, INC.

**COTTONDALE FL** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

Principal Plac	e of Business	Mailing Address		· ····································							
807 HWY 73 S Marianna FL 3 US		3979 B SAYE LANI	3979 B SAYE LANE MARIANNA FL 32448-7135								
00		••	•			3. Date Incorporated or Qualified 10/02/1974	74 3a. Date of Last Report 05/01/1996				
2. Principal P	lace of Business	2a. Mailing Addr	2a. Mailing Address				4. FEI Number		Applied For		
21		26					NOT APPLICABLE			Not Applicable	
Suite, Apt.	#, etc.	<b>⊢</b>	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22			27					<del></del> .		Required	
City & Stat	θ	<b>├</b> ¬ ′	City & State				6. Election Campaign Financing			May Be	
Zip	Country	28   Zip		Oount	n (	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	_=		d to Fees	
<del></del>	— <u> </u>	⊢¬ '			ıy		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25   29   3 9. Name and Address of Current Registered Agent			<u> </u>			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
	<b>9</b> , 1141119 4110 11410 1141			8	il	Name	10. 110.110.110.110.110.110.110.110.110.	- B.O.O. O.O. F	gorn		
CAVE D	WID F										
SAYE, DAVID, E				8:	2	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
3979 B SAYE LANE				8	3						
MARIANNA FL 32448					١						
				8	4	City		FL	85 Zir	o Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0 egistered agent, or both, in the St im familiar with, and accept the ob	9502 and 617,1508, Flori ate of Florida. Such char digations of, Section 617	da Statutos igo was au .0503, Flori	, the abo thorized t da Statut	ve- by es	-named corporation	oration submits this statement for the on's board of directors. I hereby acce		changing intment a	its registered is registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: E	Banislared A	aen	nt signature require	d when reinslating)	DATE			
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12	
TITLE	PD			1.1 TITLE					Change	Addition	
NAME	SAYE, DAVID, E			1.≵ NAM	Ε						
STREET ADDRESS 3979A SAYE LANE				1.3 STRE	ET #	ADDRESS					
CITY-ST-ZIP	MARIANNA FL			1.4 CITY	- ST	- <b>Z</b> IP					
TITLE	TD	□ Di	LEVE	2.1 TITLE					☐ Change	Addition	
NAME	JOHNSON, IREY S.			2.2 NAME	E						
STREET ADDRESS	5070 JOHNSON LANE			2.3 STRE	ET 4	ADDRESS					
CITY-ST-ZIP	MARIANNA FL			2. ja CITY	- SI	T-ZIP					
TITLE	D LI DELETE		LETE	3.1 TITLE					Change	Addition	
NAME	JOHNSON, OMAR, R			3.2 NAME							
STREET ADDRESS			3.\$ STREET ADDRESS								
CITY-ST-ZIP	MARIANNA FL			3.4. CITY	- 51	1-21P					
TITLE	DS DELETE		4.1 TITLE					Change	Addition		
NAME	SAYE, DAVID E. JR.			4.i2 NAM	E						
STREET ADDRESS	2728 THOMAS ST			4.8 STRE	ET A	ADDRESS					

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 frusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an an attrachment with an address.

4.4 CITY-ST-ZIP

5 \$ STREET ADDRESS

6.9 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

1/ 1-07 61/-

Addition

Addition

☐ Change

**FILED** 

May 20 1997 8:00am

Secretary of State