

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732354** (6)
1. Corporation Name
CHAPEL MINISTRIES, INC.



Principal Place of Business Mailing Address
3780 CLYDE MORRIS BLVD. SUITE #1602 PORT ORANGE FL 32119 **3780 CLYDE MORRIS BLVD. SUITE #1602 PORT ORANGE FL 32119**

Note change of address - Box 2,2a

2. Principal Place of Business
21 **19 Carriage Bay Court**
Suite, Apt. #, etc.
22
City & State
23 **Daytona Beach, FL**
Zip **32119** Country
24

2a. Mailing Address
26 **19 Carriage Bay Court**
Suite, Apt. #, etc.
27
City & State
28 **Daytona Beach, FL**
Zip **32119** Country
29

3. Date Incorporated or Qualified **04/03/1975** 3a. Date of Last Report **04/05/1995**
4. FEI Number **59-1608514** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, VERNADYNE J.
58 Twin Coach Court
Daytona Beach, FL 32119

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
84 City **Daytona Beach** FL 85 Zip Code **32119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Vernadyne Williams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE **3/25/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHER, DOUGLAS R.	
STREET ADDRESS	19 Carriage Bay Court	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VERNADYNE J.	
STREET ADDRESS	58 Twin Coach Court	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALDRICH, JUANITA E.	
STREET ADDRESS	9 LILY DR.	
CITY-ST-ZIP	SURREY, ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Robert W. Wedan		
1.3 STREET ADDRESS	9302 El James Drive		
1.4 CITY-ST-ZIP	Fairfax, VA 22032		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas R. Fisher* **Douglas R. Fisher** 3/25/96 904-760-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)