# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 01, 2001 8:00 am**
**Secretary of State**
03-01-2001 90017 030 ****70.00

DOCUMENT # 732354

1. Entity Name

CHAPEL MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 19 CARRIAGE BAY COURT<br>DAYTONA BEACH FL 32119<br>US | 19 CARRIAGE BAY COURT<br>DAYTONA BEACH FL 32119<br>US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1608514 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILLIAMS, VERNADYNE J.<br>58 TWIN COACH COURT<br>DAYTONA BEACH FL 32119 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ | $5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FISHER, DOUGLAS R.<br>19 CARRIAGE BAY CT<br>DAYTONA BEACH FL 32119 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WILLIAMS, VERNADYNE J<br>58 TWIN COACH CT<br>DAYTONA BEACH FL 32119 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEDAN, ROBERT W<br>~~1658 POCAHONTAS DR.~~<br>~~NORFOLK VA 23511~~ ☐ Delete | ~~TITLE~~<br>NAME<br>STREET ADDRESS<br>~~CITY-ST-ZIP~~ | ☑ Change ☐ Addition<br>Robert W. Wedan street address change<br>14 Montagu Ct., 27 Montagu Square<br>London, England, W1H 1RE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>O'DOWD, MICHAEL B<br>27 FOSTER CRESCENT<br>KNOXFIELD, MELBOURNE AU ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. I 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 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:** Douglas R. Fisher Douglas R. Fisher 2/26/2001 904-760-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #