


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90858 011 ****70.00

DOCUMENT # 732354					
1. Entity Name CHAPEL MINISTRIES, INC.					
Principal Place of Business 584 SOUTH GREENWAY DRIVE PORT ORANGE, FL 32127 US			Mailing Address 584 SOUTH GREENWAY DRIVE PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 584 SOUTH GREENWAY DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PORT ORANGE, FL 32127		04162007 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country USA	4. FEI Number 59-1608514	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHER, VERNADINE J VERNADYNE 584 SOUTH GREENWAY DRIVE PORT ORANGE, FL 32127			Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Vernadine J. Fisher</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FISHER, DOUGLAS STREET ADDRESS 584 SOUTH GREENWAY DRIVE CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE D NAME TIPTON, DEANNA STREET ADDRESS 302 TRUDGEON DR. CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME FISHER, VERNADINE J VERNADYNE STREET ADDRESS 584 SOUTH GREENWAY DRIVE CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME SUNDEN, HOWARD F STREET ADDRESS 36019 DRON BAY CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Douglas R. Fisher</u> DOUGLAS R. FISHER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>April 25</u>		Daytime Phone # <u>386-761-7988</u>