

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735229

FILED
Jan 09, 2008
Secretary of State

Entity Name: CHARITY CHAPEL OF PENSACOLA, INC.

Current Principal Place of Business:

5820 MONTGOMERY AVE.
PENSACOLA, FL 325261836

New Principal Place of Business:

Current Mailing Address:

5820 MONTGOMERY AVE.
PENSACOLA, FL 325261836

New Mailing Address:

FEI Number: 59-2002219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, MICHAEL E
5908 SAUFLEY PINES COURT
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, MICHAEL E
Address: 5908 SAUFLEY PINES COURT
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: NETTLETON, JOE
Address: 517 PARKER DRIVE
City-St-Zip: PENSACOLA, FL

Title: DS () Delete
Name: KIMBLE, RAY
Address: 403 N 77TH AVE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: MCLEAN, DICK
Address: 6001 PROSPECT LANE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: IRELAND, JERRY
Address: 6176 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: GREENLEE, GARY
Address: 5710 TALQUIN
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY IRELAND

D

01/09/2008

Electronic Signature of Signing Officer or Director

Date