
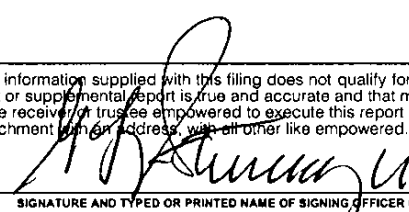


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90053 040 \*\*\*\*61.25

|  |                                  |  |   |   |  |
|--|----------------------------------|--|---|---|--|
| <b>DOCUMENT # 737515</b><br>1. Entity Name<br>LOST TREE CHAPEL, INC.   |                                  |  |   |                |  |
| Principal Place of Business<br>11149 TURTLE BEACH ROAD<br>NORTH PALM BEACH, FL 33408   |                                  |  |   | Mailing Address<br>11149 TURTLE BEACH ROAD<br>NORTH PALM BEACH, FL 33408                        |  |
| 2. Principal Place of Business - No P.O. Box #   |                                  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                                  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                                  | City & State   |   |   |  |
| Zip  | Country                          | Zip  | Country   | 4. FEI Number<br>59-1709556   |  |
|  |                                  |  |   | Applied For<br>Not Applicable   |  |
|  |                                  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                  |  |   | 7. Name and Address of New Registered Agent   |  |
| CORPORATION SERVICE COMPANY  |                                  |  |   | Name  |  |
| 1201 HAYS ST   |                                  |  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
| TALLAHASSEE, FL 32301  |                                  |  |   |   |  |
|  |                                  |  |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                  |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
|  |                                  | <b>Make check payable to Florida Department of State</b>                         |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE  | TP                               | <input checked="" type="checkbox"/> Delete                                       | TITLE   | TP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HALL, CHARLES R.                 |  | NAME  | Cozad, James W.   |  |
| STREET ADDRESS   | 11060 TURTLE BEACH ROAD GB B 206 |  | STREET ADDRESS  | 12094 Lost Tree Way   |  |
| CITY-ST-ZIP  | NORTH PALM BEACH, FL 33408       |  | CITY-ST-ZIP   | <del>North Palm Beach, FL 33408</del>   |  |
| TITLE  | TS                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | HUNTING, HELEN                   |  | NAME  |   |  |
| STREET ADDRESS   | 12012 EAST END                   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | NORTH PALM BEACH, FL 33408       |  | CITY-ST-ZIP   |   |  |
| TITLE  | TT                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | STRINGER, GEOFFREY               |  | NAME  |   |  |
| STREET ADDRESS   | 11995 TURTLE BEACH ROAD          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | NORTH PALM BEACH, FL 33408       |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                                  |  | NAME  |   |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                                  |  | NAME  |   |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                                  |  | NAME  |   |  |
| STREET ADDRESS   |                                  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                  |  | CITY-ST-ZIP   |   |  |
| 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 to an address, with all other like empowered. |                                  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>GEOFFREY STRINGER</b> (561)626-9100   |                                  |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                  |  |   |   |  |