

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737515

FILED
Mar 19, 2009
Secretary of State

Entity Name: LOST TREE CHAPEL, INC.

Current Principal Place of Business:

11149 TURTLE BEACH ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11149 TURTLE BEACH ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-1709556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: TP () Delete
Name: STRINGER, GEOFFREY L
Address: 11995 TURTLE BCH RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TS () Delete
Name: HUNTING, HELEN
Address: 12012 EAST END
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TT () Delete
Name: MAYCEN, DALE
Address: 11395 GOLF VIEW LANE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: MARGARET, CLOUGH
Address: 1021 LAKE HOUSE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: DALE MAYCEN

TT

03/19/2009

Electronic Signature of Signing Officer or Director

Date