
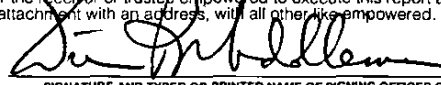


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90001 036 \*\*\*\*61.25

<b>DOCUMENT # 738363</b> 1. Entity Name <b>AMELIA PLANTATION CHAPEL, INC.</b>					
Principal Place of Business <b>1450 BOWMAN RD</b> <b>AMELIA ISLAND, FL 32035 US</b>				Mailing Address <b>P O BOX 8014</b> <b>AMELIA ISLAND, FL 32035 US</b>	
2. Principal Place of Business <b>36 BOWMAN RD.</b>		3. Mailing Address <b>P.O. BOX 8014</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>AMELIA ISLAND, FL.</b>		City & State <b>AMELIA ISLAND, FL.</b>		4. FEI Number <b>59-1738977</b>	
Zip <b>32034</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32034</b>		Country <b>U.S.A.</b>		6. Name and Address of Current Registered Agent <b>JACOBS, ARTHUR I.</b> <b>401 CENTRE ST.</b> <b>FERNANDINA BEACH, FL 32034</b>	
City <b>FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHAW, SANDRA K</b> <b>10 DUNES ROW</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MARASCO, JOSEPH A</b> <b>1835 OCEAN VILLAGE COURT</b> <b>FERNANDINA BEACH, FL 32034</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MIDDLEMAS, WILLIAM</b> <b>4 DUNES COURT</b> <b>FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARASCO, JOSEPH A.</b> <b>1835 OCEAN VILLAGE COURT</b> <b>FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GEORGE C. BROOME, JR.</b> <b>409 BEACHSIDE PLACE</b> <b>FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>IMOGENE C. COLEMAN</b> <b>1432 BEACHWALKER ROAD</b> <b>FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>WILLIAM P. MIDDLEMAS, TREASURER</b>					
Date _____ Daytime Phone # <b>904.277.4414</b>					