FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742479

1. Corporation Name

COMMUNITY CHAPEL, INC.
1104 IDLEWILD AVE., P. O. BOX 1207
GREEN COVE SPRINGS, FL 32043-1207

Principal Place of Business	Mailing Address
1104 IDLEWILD AVE. GREEN COVE SPRINGS, FLORIDA 32043	P. O. BOX 1207 GREEN COVE SPRINGS, FLORIDA 32043-1207

2. Principal Place of Business	2a. Mailing Address
21 1104 IDLEWILD AVE.	26 P. O. BOX 1207
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 GREEN COVE SPGS, FL	28 GREEN COVE SPGS, FL
24 Zip 32043 / 25 Country USA	29 Zip 32043-1207 / 30 Country USA

3. Date Incorporated or Qualified: 4/14/1978
3a. Date of Last Report: 1995
4. FEI Number: 59-2222923 — Applied For ☐ / Not Applicable X
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, DALE S. 718 NORTH ORANGE AVE. GREEN COVE SPRINGS, FL 32043	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RIFENBARK, FRED 2107 SR RD 16W GREEN COVE SPGS, FL — ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S/ HUNTER, HARRY L. 1646 RIVERS RD GREEN COVE SPGS, FL — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RIFENBARK, PATSY P. 2107 SR 16 W GREEN COVE SPGS, FL — ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BARRIE, LEON J., III 1620 RIVERS RD GREEN COVE SPGS, FL — ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001825174 -05/16/96--01100--023 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GILLIES, JAMES 722 S HIGHLAND AV GREEN COVE SPGS, FL — ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR/CHAIR/ GILLIES, DEBRA T. 3949 WISEMAN RD. GREEN COVE SPGS, FL — ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/C/T GILLIES, DEBRA T. 3949 WISEMAN RD GREEN COVE SPGS, FL — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MCKAY, BOBBY 479 JERI DR GREEN COVE SPGS, FL — ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition 5-16-96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Gillies — DEBRA GILLIES — 5/10/96 — (904)284-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #