

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002232

1. Entity Name

CHAPEL OF THE HOLY SPIRIT IN-THE-OAKS, INC.

Principal Place of Business

20253 TWIN OAKS ROAD
SPRING HILL FL 34610

Mailing Address

20253 TWIN OAKS ROAD
SPRING HILL FL 34610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE RIGHT REV'D RICHARD G. MELLI
20253 TWIN OAKS ROAD
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME RT. REV'D RICHARD G. MELLI
STREET ADDRESS 20253 TWIN OAKS ROAD
CITY-ST-ZIP SPRING HILL FL 34610

TITLE ☐ Delete
NAME MELLI, JANE K
STREET ADDRESS 20253 TWIN OAKS ROAD
CITY-ST-ZIP SPRING HILL FL 34610

TITLE ☐ Delete
NAME THOMPSON, LUCILLE
STREET ADDRESS 1670 MONTEVERDE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or one who is authorized to execute the business of the corporation or the receiver or trustee of the corporation; 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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

Date

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90019 001 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)