FILED

Jun 29, 2001 8:00 am Secretary of State

05-23-2001 91191 039 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002592

1. Entity Name

THE PROTESTANT FOUNDATION OF THE OCEAN REEF CHAPEL THE MUSIC FOUNDATION, INC.

Principal Place of Business 22 RAKER RO

Mailing Address

22 RAKERARD

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	Place of Business	3. Mailing Address	. //.			MIN es tant bonth eoth folla	18111 68111 181	<u> </u>	1011\$ 101 100L	
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	MAPEL AT OCEAN REE			x.cr		DO NOT WRITE	: IN THIS SE	ACE		
City & Sta		City & State	CICE,MIO N	CZP	4. FEI Number	r		TA	plied For	
	ARGO FL	KEY LARGO	FL_		65-10				ot Applicable	
Zip	Country USA	Zip	Country				- \$	8.75 Add		
3303	037 Mariant 33037		USA		5. Cartificate of Status Desired Fee Required					
<u> </u>	<u> </u>	7. Name and Address of New Registered Agent								
			- Name							
				Street Address (P.O. Box Number is Not Acceptable)						
Lynn, s	Street	vooress (r	2.O, Box Number	r is Noi Acceptable)						
41 HARB	OUR HOUSE									
KEY LAR	- City					Zip Cod				
			City				FL	2p coo	•	
8. The above	named entity submits this statement fo	r the purpose of changing its re	gistered office of	or registere	ed agent, or both	, in the state of Flori	da.			
	,			•						
SIGNATURE			_ 							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT : I	Registered Agent signs	uture required s	when reinstating)		DATE			
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]]{	FILE NOW:	9. Election Campaig: F			D May Be		Check Pa			
	FEE IS \$61.25	Trust Fund Contrib at	ion.	Added	to Fees	Depa	artment o	f State		
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10,	OFFICERS AND DIF		11.		DDITIONS/CHA	NGES TO OFFICER		Change	Addition	
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NAME	SHIPLEY, SHIRLEY D		NAME Street Address	MRS	HIOMAS	, MCGCUER LANE UNI	- R	₹		
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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 m 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 a 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS