

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90024 040 \*\*\*\*70.00

**DOCUMENT # N00659**

1. Entity Name

**THE HOLLYWOOD METAPHYSICAL CHAPEL, INC.**



Principal Place of Business

**233 N. FEDERAL HWY #251  
DANIA FL 33004**

Mailing Address

**233 N. FEDERAL HWY #251  
DANIA FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2666186**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAGEL, BEA A. (REV)  
8000 SUNRISE LKS DR NORTH  
24/301  
SUNRISE FL 33322**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME NAGEL, BEA A. (REV.) ☐ Delete  
STREET ADDRESS 8000 SUNRISE LKS DR N BLDG 24/301  
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP  
NAME JANELEVICH, SHERRY ☐ Delete  
STREET ADDRESS 7361 SW 26 CT  
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME LEVY, MYRNA  
STREET ADDRESS 2202 NOVA VILLAGE DRIVE  
CITY-ST-ZIP DAVIE FL 33317

TITLE ☒ Change ☐ Addition  
NAME T LOUGHAN, PATRICIA  
STREET ADDRESS 2400 W. BROWARD BLVD # 1421  
CITY-ST-ZIP FT. LAUD. FL. 33312

TITLE SD  
NAME BEAVINS, CHARLES ☐ Delete  
STREET ADDRESS 1450 SHERIDAN ST #10  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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.

**SIGNATURE:**

*Rev Bea Nagel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/15/04 954-748-7111*