

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 040 ****70.00

DOCUMENT # N00659 1. Entity Name THE HOLLYWOOD METAPHYSICAL CHAPEL, INC.	
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Principal Place of Business 233 N. FEDERAL HWY #251 DANIA FL 33004	Mailing Address 233 N. FEDERAL HWY #251 DANIA FL 33004
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

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 NAGEL, BEA A. (REV) 8000 SUNRISE LKS DR NORTH 24/301 SUNRISE FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGEL, BEA A. (REV.) 8000 SUNRISE LKS DR N BLDG 24/301 SUNRISE FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JANELEVICH, SHERRY 7361 SW 26 CT DAVIE FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANKELEVICH ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOUGHAN, PATRICIA 2400 W. BROWARD BLVD # 1421 FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAVINS, CHARLES 1450 SHERIDAN ST #10 HOLLYWOOD FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE *Ken Bea Nagel* *Sherry Jankelevich*