

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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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02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2666186	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent NAGEL, BEA A. (REV) 8000 SUNRISE LKS DR NORTH 24/301 SUNRISE, FL 33322
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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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000670695
03/27/07-80122-002 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGEL, BEA A. (REV.) 8000 SUNRISE LKS DR N BLDG 24/301 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JANKELEVICH, SHERRY 7361 SW 26 CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUGHAN, PATRICIA 2400 W. BROWARD BLVD # 1421 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAVINS, CHARLES 1450 SHERIDAN ST #10 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Sherry Jankelevich Sherry Jankelevich 3-12-07 954-923-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #