2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N00659

1. Entity Name
THE HOLLYWOOD METAPHYSICAL CHAPEL, INC.

Principal Place of Business	Mailing Address
233 N. FEDERAL HWY #251 DANIA, FL 33004	233 N. FEDERAL HWY #251 DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

03312008 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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

000000907294
05/05/08-80032-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAGEL, BEA A. (REV.)
STREET ADDRESS	8000 SUNRISE LKS DR N BLDG 24/301
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	DVP
NAME	JANKELEVICH, SHERRY
STREET ADDRESS	7361 SW 26 CT
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	TD
NAME	LOUGHAN, PATRICIA
STREET ADDRESS	2400 W. BROWARD BLVD # 1421
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	SD
NAME	BEAVINS, CHARLES
STREET ADDRESS	1450 SHERIDAN ST #10
CITY-ST-ZIP	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 4-14-08 954-474-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #