

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001483

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** UPPER CAPTIVA ISLAND CHAPEL, INC.

**Current Principal Place of Business:**

4580 HIDDEN LN  
UPPER CAPTIVA ISLAND  
PINELAND, FL 33945

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2247  
PINELAND, FL 33945 US

**New Mailing Address:**

**FEI Number:** 65-1093575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COUSAR, ROBERT W JR  
4580 HIDDEN LN.  
UPPER CAPTIVA ISLAND  
PINELAND, FL 33945 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: COUSAR, ROBERT W JR  
Address: 4580 HIDDEN LN UPPER CAPTIVA ISLAND  
City-St-Zip: PINELAND, FL 33945 US

Title: VCD ( ) Delete  
Name: THURMAN, DAN  
Address: 5310 SW 18TH AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DST ( ) Delete  
Name: COUSAR, SUE ANN  
Address: 4580 HIDDEN LN UPPER CAPTIVA ISLAND  
City-St-Zip: PINELAND, FL 33945 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE ANN COUSAR

DST

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date