FILED
May 03, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008803

1. Entity Name
EPWORTH VILLAGE CHAPEL, INC.

Principal Place of Business	Mailing Address
5300 W 16 AVE HIALEAH, FL 33012	5300 W 16 AVE HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
80-0004704
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPLAIN, LAWRENCE M
5300 W 16 AVE
HIALEAH, FL 33012

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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 _____ 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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUTSON, JAMES J
STREET ADDRESS	5300 W 16 AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD
NAME	DIAZ, CECELIA J
STREET ADDRESS	620 SW 7 AVE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	D
NAME	TEAGUE, JOE
STREET ADDRESS	165 SHORE DRIVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/06-80059-014 70.00

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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: _____ 4/27/04 305 556 3500 X 6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #