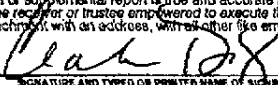


FILED
May 03, 2006 08:00 AM
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000008803		
1. Entity Name EPWORTH VILLAGE CHAPEL, INC.		
Principal Place of Business 5300 W 16 AVE HIALEAH, FL 33012		Mailing Address 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		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 rechartering)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
TO: OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	D	
NAME	TEAGUE, JOE	
STREET ADDRESS	185 SHORE DRIVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 recorder or trustee empowered to execute this report as required by Chapter 817, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.		
SIGNATURE: 		4/27/04 305 556 3500X 6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone 1