

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90280 034 ****61.25

DOCUMENT # N02000006642					
1. Entity Name REBA SUTTON WHITE CHAPEL, INC. RHEBA					
Principal Place of Business P.O. BOX 898 PALM HARBOR, FL 34682			Mailing Address P.O. BOX 898 PALM HARBOR, FL 34682		
2. Principal Place of Business 1190 Georgia Ave. Suite, Apt. #, etc.		3. Mailing Address 1190 Georgia Ave. Suite, Apt. #, etc.			
City & State Palm Harbor, FL Zip 34683 Country USA		City & State Palm Harbor, FL Zip 34683 Country USA		4. FEI Number 35-2186491	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLENNER, WALTER W 2708 ALT 10 N STE 701 PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME HURT, DON T STREET ADDRESS 1210 NEBRASKA CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete		TITLE V NAME Avramidis, Tess STREET ADDRESS 1019 Florida Ave. CITY-ST-ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME WARMOUTH, RACHELLE STREET ADDRESS 63 EAGLE LANE CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE D NAME Warmouth, Rachelle STREET ADDRESS 63 Eagle Lane CITY-ST-ZIP Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MATTHEWS, ALDEN STREET ADDRESS 1324 MICHIGAN CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete		TITLE S NAME Fields, Connie STREET ADDRESS 1021 15th Street CITY-ST-ZIP Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME PRIEST, SHEILA STREET ADDRESS 2706 ALT 10 N #270 CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE TD NAME Sheila J. Priest STREET ADDRESS 1000 Omaha Street CITY-ST-ZIP Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME KLINE, LESLEY STREET ADDRESS 1219 FLORIDA AVE CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE P NAME Kline, Lesley STREET ADDRESS 1219 Florida Ave CITY-ST-ZIP Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sheila J. Priest</i> Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-21-05 727-787-3595 Date Daytime Phone #		
Sheila J. Priest					