2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006642

City-St-Zip:

PALM HARBOR, FL 34683

DERA SLITTONI WHITE CHADEL IN

FILED Apr 30, 2008 Secretary of State

Entity Name: REBA SUTTON WHITE CHAPEL, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
1190 GEOF PALM HAR	RGIA AVE BOR, FL 3468	3				
Current Ma	ailing Address	::	New Maili	New Mailing Address:		
1190 GEOF PALM HAR	RGIA AVE RBOR, FL 3468	3				
FEI Number:	35-2186491	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Co	ırrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
BLENNER, WALTER W 2708 ALT 10 N STE 701 PALM HARBOR, FL 34683 US			1000 OMAI	PRIEST, SHEILA 1000 OMAHA STREET PALM HARBOR, FL 34683 US		
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE: SHEILA PI	RIEST			04/30/2008	
	Electroni	c Signature of Registered Ag	ent		Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I MONTELARO, JA 120 PENNSYLVA PALM HARBOR,	NIA AVE.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S () WAZELLE, JAY 2295 TUSCANY PALM HARBOR,		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD () PRIEST, SHEILA 1000 OMAHA ST PALM HARBOR,	REET	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () KLEIN, LESLEY 1219 FLORIDA A PALM HARBOR,		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address:	VP () WARMOUTH, RA 6 EAGLE LANE	Delete CHELLE	Title: Name: Address:	VP (X) GALLANT, BILL 1003 FLORIDA	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

PALM HARBOR, FL 34683

SIGNATURE: SHEILA PRIEST T 04/30/2008