

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2006
Secretary of State**

DOCUMENT# N05000011267

Entity Name: RECOVERY FELLOWSHIP CHAPEL, INCORPORATED

Current Principal Place of Business:

1812 SE CROSS AVE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1812 SE CROSS AVE
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 20-3885302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, RICHARD
1812 SE CROSS AVE
ARCADIA, FL 34266 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: PD () Delete
Name: DUNN, RICHARD FOUNDER
Address: 1812 E CROSS AVE
City-St-Zip: ARCADIA, FL 34266

Title: SD () Delete
Name: DUNN, ROBERTA
Address: 1812 E CROSS AVE
City-St-Zip: ARCADIA, FL 34266

Title: VPD () Delete
Name: CUMMINGS, TIMOTHY W
Address: 6477 INDIANA 121
City-St-Zip: RICHMOND, IN 47374

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: RICHARD DUNN

PRES

02/11/2006

Electronic Signature of Signing Officer or Director

_____ Date