


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000011267</b> 1. Entity Name <b>RECOVERY FELLOWSHIP CHAPEL, INCORPORATED</b>	
---	---

Principal Place of Business <b>1812 SE CROSS AVE ARCADIA, FL 34266</b>	Mailing Address <b>1812 SE CROSS AVE ARCADIA, FL 34266</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3885302</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  <b>DUNN, RICHARD 1812 SE CROSS AVE ARCADIA, FL 34266</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000937784 05/27/08-80064-008 61.25</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, RICHARD FOUNDER 1812 E CROSS AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, ROBERTA 1812 E CROSS AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUMMINGS, TIMOTHY W 6477 INDIANA 121 RICHMOND, IN 47374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Richard Dunn</b> Date <b>4/29/08</b> Daytime Phone # <b>941-650-2403</b>
--	---