

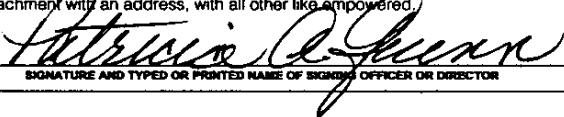


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90027 006 ****61.25

DOCUMENT # N06000009438					
1. Entity Name SPIRITUALIST CHAPEL OF MELBOURNE, INC.					
Principal Place of Business 588 WAVESIDE DRIVE MELBOURNE, FL 32934			Mailing Address 588 WAVESIDE DRIVE MELBOURNE, FL 32934		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGERS, JOHN J REV. 588 WAVESIDE DRIVE MELBOURNE, FL 32934				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: 		3/11/07		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATTFELD, PAUL A		NAME		
STREET ADDRESS	429 PAPAYA CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BAREFOOT BAY, FL 32976		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRICE, LOIS L		NAME		
STREET ADDRESS	1265 PINWOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL 32938		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUINN, PATRICIA A		NAME		
STREET ADDRESS	588 WAVESIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MELBOURNE, FL 32934		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUZ, JOAN		NAME		
STREET ADDRESS	560 AVONDALE NE		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32907		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 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: 		3/11/07		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 11-3793179 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

3/11/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

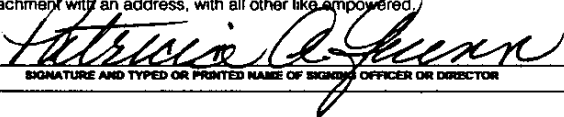
\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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STREET ADDRESS	1265 PINWOOD DRIVE	
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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SIGNATURE: 

3/11/07

DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR