

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009438

FILED
Jun 01, 2009
Secretary of State

Entity Name: SPIRITUALIST CHAPEL OF MELBOURNE, INC.

Current Principal Place of Business:

588 WAVESIDE DRIVE
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

588 WAVESIDE DRIVE
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 11-3793179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROGERS, JOHN J REV.
588 WAVESIDE DRIVE
MELBOURNE, FL 32934 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: MATTFELD, PAUL A
Address: 429 PAPAYA CIRCLE
City-St-Zip: BAREFOOT BAY, FL 32976

Title: VD () Delete
Name: PRICE, LOIS L
Address: 1265 PINEWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32938

Title: TD () Delete
Name: QUINN, PATRICIA A
Address: 588 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: CRUZ, JOAN
Address: 560 AVONDALE NE
City-St-Zip: PALM BAY, FL 32907

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MATTFELD, CHRISTINE A
Address: 429 PAPAYA CIRCLE
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D () Change (X) Addition
Name: STANG, PATRICIA
Address: 5120 SUTTON AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904

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.

SIGNATURE: PAUL A MATTFELD

P

06/01/2009

Electronic Signature of Signing Officer or Director

_____ Date