

# 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