

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009438

FILED  
Apr 28, 2010  
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 ( )

**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  
Name: MATTFELD, PAUL A  
Address: 429 PAPAYA CIRCLE  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: VD  
Name: PRICE, LOIS L  
Address: 1265 PINWOOD DRIVE  
City-St-Zip: MELBOURNE, FL 32938

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

Title: SD  
Name: STANG, PATRICIA  
Address: 5120 SUTTON AVE  
City-St-Zip: W. MELBOURNE,, FL 32904

Title: D  
Name: MARION WITT, BILLINGTON  
Address: 512 MADISON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D  
Name: JOYCE, WILSON  
Address: 1396 TURKEY CREEK DR. NE  
City-St-Zip: PALM BAY, FL 32905

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. QUINN

TD

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date