

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06196

FILED
Mar 23, 2009
Secretary of State

Entity Name: CHAPEL TO THE NATIONS, INCORPORATED

Current Principal Place of Business:

524 PATE DR.
FORT MILL, SC 29715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2101
FORT MILL, SC 29716 US

New Mailing Address:

FEI Number: 59-2462751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYDE, ANITA MRS.
12473 RUXTON GREEN LANE
JACKSONVILLE, FL 32246 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: DUKE, DAN
Address: 524 PATE DR.
City-St-Zip: FORT MILL, SC 29715 US

Title: VD () Delete
Name: DUKE, NANCY S
Address: 524 PATE DR.
City-St-Zip: FORT MILL, SC 29715 US

Title: STD () Delete
Name: WILLIS, ELIZABETH M
Address: 524 PATE DR.
City-St-Zip: FORT MILL, SC 29715 US

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:

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: ELIZABETH M. WILLIS

STD

03/23/2009

Electronic Signature of Signing Officer or Director

Date