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NONPROFIT CORPORATION **ANNUAL REPORT**

1996

SIGNATURE: __



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N12429

(9)

	OHD'S CHAPEL, INC.						
Principal Place	of Business	Mailing Address		 ,	{ 1 (601/10/ 00) (10/0 110/ 014/ 1/6/1	HENT OF DET BY DIN DIGIN D	8))
1531 MORENO AVENUE 1531 MORENO AVENUE FORT MYERS FL 33901 FORT MYERS FL 33901							
					3. Date Incorporated or Qualified 12/01/1985	3a. Date of La 05/01/	st Report 1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2650240		Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	30 2000240		Not Applicable
City & State		27			5. Certificate of Status Desired	1 1	75 Additional e Required
23		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Cou	ntry	This corporation has liability for in		s 199 032
4	25	29	30		Florida Statutes] Yes [] No	a. 165.002,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	egistered Agent	
04140 -	250415.0			81 Name			
CAMP, GERALD S. 1531 MORENO AVENUE				82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	YERS FL 33901						
roni m	TENS FE 33501			83			
				84 City		85	Zip Code
11. Pursuant t	to the provisions of Sections 617.0503	and 617 1509 Florida Statute	a the sha		ration submits this statement for the purp	<u> </u>	<u></u>
or register familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize ion 617.0503, Florida Statutes.	ed by the c	orporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	intment as registere	ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Reg stered	Agent signature require	od when reinstating!	DATE	
SIGNATURE _	OFFICERS AN		E: Reg stered	Agent signature require		DATE CERS AND DIRECT	ORS IN 12
SIGNATURE _	OFFICERS AN				od when reinstating) ADDITIONS/CHANGES TO OFFI		
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