1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90198 042 ****61.25

DOCUMENT # N12429

1. Corporation Name

THE LORD'S CHAPEL, INC.

Principal Place of Business

Mailing Address

1531 MORENO AVENUE FORT MYERS FL 33901 1531 MORENO AVENUE FORT MYERS FL 33901

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21			26					12/01/1985						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number			Applied For				
22			27					59-2650240					Applicable	
23	City & State		28	City & State					5. Certifcate of Status Desired			\$8.75 Additional Fee Required		
<u> </u>	Zip	Country		Zip Coun					6. Election Campaign Financing 55.0				.00 h	lay Be
24	•	25	29		30				Trust Fund Contribution			•	ded to	•
(44)	9. Name and Address of Current Registered Agent								10. Name and Address of New	Registe	ered A	gent		
						81	٨	Name						
CAMP, GERALD S.							82 Street Address (P.O. Box Number is Not Acceptable)							
1	1531 MOR	RENO AVENUE				83	-							
	FORT MYE	ERS FL 33901				03								
						84	C	City			FL	85	Zip C	ode
11	. Pursuant t	to the provisions of Sections 617.0502	and 617	7.1508. Florida Statut	tes, the	above)-na	amed corpo	ration submits this statement for the	ригроз	se of c	hangi	ng its r	gistered
Ì	office or re	egistered agent, or both, in the State of	Florida	. Such change was a	autnonz	ed by	tne	corporation	n's board of directors. I hereby acce	pt the a	ppoint	ment	as regi	stered
l	agent. I ar	n familiar with, and accept the obligatio	ins of, ວ	section 617.0503, Flo	orida Si	atutes.	•							
s	IGNATURE		1 1111 14	Ebl- (NOTE	F. Dogisto	rod Agos	مئم د	notive married	when reinstating)	DAT	F			
12		Signature, typed or printed name of registered agent a OFFICERS AND		, ,		3.	il Sig	riatible reduied	ADDITIONS/CHANGES TO OF	FICER	SAND	DIR	CTOF	S IN 12
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NA.	AME BROWN, CAROL			2.2	2.2 NAME						~ .			
STREET ADDRESS 4132 E RIVER DRIVE				2.3 STREET ADDRESS			DRESS							
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NA	ME	BROWN, CHARLES			3.2	NAME								
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_					4.1 TITLE					☐ Ch	ange	Addition		
NA	V				4.2 NAME									
	1			4.3 STREET ADDRESS										
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ST	REET ADDRESS					3 STREET								
cr	TY-ST-ZIP				6.4	4 CITY-S	T-Z	P						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lustil Mayo FGERIED CAMP

<u>5/11/99</u>

941-4771548

Daytime Phone #

CR2E037 (11/98)