2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12429

ORSZ, DAVID,

FT. MYERS, FL

1900 CLIFORD ST.

Name:

Address: City-St-Zip: FILED Jan 08, 2004 Secretary of State

Entity Nan	ne: THE LOF	RD'S CHAPEL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LVIEW COUR ERS, FL 3390				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	LVIEW COUF ERS, FL 3390				
FEI Number:	59-2650240	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	RALD S. ILVIEW CT. ERS, FL 3390	55341 US			
The above in the State		submits this statement for the po	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (CAMP, GERAL 9930-5 SAILVII FORT MYERS,	EW COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BROWN, CARO 4132 E RIVER EAST FORT M	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BROWN, CHAF 4132 E RIVER EAST FORT M	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GERALD S. CAMP PD 01/08/2004