


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90171 029 \*\*\*\*61.25

<b>DOCUMENT # N27674</b> 1. Entity Name <b>CHRIST MEMORIAL CHAPEL, INC.</b>					
Principal Place of Business <b>52 S. BEACH RD. P.O. BOX 582 HOBE SOUND, FL 33475</b>			Mailing Address <b>52 S. BEACH RD. P.O. BOX 582 HOBE SOUND, FL 33475</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-0882964</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAXWELL, LESLIE H 50 SO. BEACH ROAD HOBE SOUND, FL 33455</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Leslie H. Maxwell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>4-16-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIOR, DAVID C.L. 52 SOUTH BEACH ROAD HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAZIANO, ANNE 106 NORTH BEACH ROAD HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Williams, Mansfield W. Jr. P. O. Box 278 Hobe Sound, FL 33475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASEY, E. PAUL 330 SOUTH BEACH ROAD HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, CONSTANCE H 7527 SE LOBLOLLY BAY DRIVE HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Conrades, Patsy 120 Gomez Road Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM G 207 S. BEACH ROAD HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCHRISTIAN, JR, JOSEPH A 365 SOUTH BEACH ROAD HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McChristian, Jr., Joseph A. 365 South Beach Road Hobe Sound, FL 33455
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joseph A. McChristian Jr.</i> <b>JOSEPH A. MCCHRISTIAN, JR.</b>			Date <b>16 APRIL 2007</b> Daytime Phone # <b>772-546-8329</b>		

ATTACHMENT

40067296

DIRECTORS (continued)

#NJ 7674

**Mr. Philip A. Annibali**  
112 North Beach Road  
Hobe Sound, FL 33455

**Dr. Osmar P. Steinwald, Jr.**  
7750 SE Lake Shore Drive  
Hobe Sound, FL 33455

**Mr. Rodney Day, III**  
5958 SE Mourning Dove Way  
Hobe Sound, FL 33455

**Mr. John Strawbridge**  
122 South Beach Road  
Hobe Sound, FL 33455

**Mrs. William T. Dunn, Jr.**  
101 Palmetto Trail  
Hobe Sound, FL 33455

**Mr. John B. Vaughan**  
34 Gomez Road  
Hobe Sound, FL 33455

**Mr. James P. Gorter**  
194 South Beach Road  
Hobe Sound, FL 33455

**Mr. Howard B. Wentz**  
7831 S. E. Little Harbour Drive  
Hobe Sound, FL 33455

**Mrs. Charles E. Lord**  
114 North Beach Road  
Hobe Sound, FL 33455

**Mrs. Ogden White, Jr.**  
P. O. Box 1669  
Hobe Sound, FL 33475

**Mrs. W. Duncan MacMillan**  
8 Isle Ridge West  
Hobe Sound, FL 33455

**Mr. H. Curtis Wood, III**  
7527 SE Loblolly Bay Drive  
Hobe Sound, FL 33455

**Mr. Leonard S. Platt**  
7133 SE Golfhouse Drive  
Hobe Sound, FL 33455