2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N27674

Entity Name: CHRIST MEMORIAL CHAPEL, INC.

Current Principal Place of Business:

52 S. BEACH RD.
P.O. BOX 582
HOBE SOUND, FL 33475

New Principal Place of Business:

52 S. BEACH RD.
HOBE SOUND, FL 33475

Current Mailing Address:

52 S. BEACH RD.
P.O. BOX 582
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 59-0882964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, LESLIE H
50 SO. BEACH ROAD
HOBE SOUND, FL 33455 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: D ( ) Delete
Name: PRIOR, DAVID C.L.
Address: 52 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: VD ( ) Delete
Name: WILLIAMS, MANSFIELD W JR
Address: P.O. BOX 278
City-St-Zip: HOBE SOUND, FL 33475

Title: PD ( ) Delete
Name: CASEY, E. PAUL
Address: 330 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: SD ( ) Delete
Name: CONRADES, PATSY
Address: 120 GOMEZ ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: TD ( ) Delete
Name: TEXTOR, JOHN
Address: 153 GOMES ROAD
City-St-Zip: HOBE SOUND, FL 33455

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:

Title: SD (X) Change ( ) Addition
Name: MILLER, KATHERINE
Address: 103 RIVER ROAD
City-St-Zip: HOBE SOUND, FL 33455

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: E. PAUL CASEY PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date