## 2005 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90292 049 \*\*\*\*61.25

AN	NUAL REPORT	
DOCUMENT # N35 1. Entity Name WILLIAM CHAPEL MISSIO INCORPORATED		
Principal Place of Business	Mailing Address	

1. Entity Name WILLIAM INCORPO	CHAPEL MIS	SSIONARY BA	PTIST (	CHURCH,								
Principal Place of Business  226 MARKER ST ALTAMONTE SPRINGS, FL 32701 US  ALTAMONTE SPRINGS, FL 32701 US  ALTAMONTE SPRINGS, FL 32701 US			FL 327	715-0731			2004	2351				
2. Principal Pl	ace of Business		3. Mailii	ng Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u></u> .		01262005 Chg-NP CR2E037 (10/03)							
City & State	e		City	& State			-	4. FEI Number NOT APP	LICABLE			plied For t Applicable
Zip	C	ountry -	Zip	^	Cou	intry		5. Certificate of	. <u> </u>		\$8.75 Add Fee Require	
	6. Name and A	Address of Current	Registered	i Agent		Name		7. Name and A	ddress of New	Registered .	Agent	
HIBBLER, 6718 KING							ddress (F	P.O. Box Number i	s Not Acceptab	le)		<u>- · · · · · · · · · · · · · · · · · · ·</u>
ORLANDO	, FL 32810									<del></del>		
						City				FL	Zip Cod	е
	named entity sub-	nits this statement fo	r the purpo	se of changing its	register	ed office or	registere	ed agent, or both,	in the State of F	lorida. I am	familiar with,	and accept
the obligati	-	agent.										
SIGNATURE .	Signature, typed or prints	<u> </u>	and title if some		· D	el Anont rionetu	1					
		an neared on replacement orders.	SHIP IN CHAPMAN	cable. (NOII	.: Hegistere	O AUGUS SURIALU	ne tedmted	when reinstating)		DATE		
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10.	Filing Fee is Due by May 1	\$61.25		9. Election Car	npaign F	inancing	0	\$5.00 May Be	Fk	Make chec orida Depa	rtment of S	tate
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12. 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 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:** 

401 297.0018