

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90057 037 ****61.25

DOCUMENT # N37402 1. Entity Name RIVER RANCH CHAPEL, INC.			
Principal Place of Business 2955 RIVER RANCH BLVD. RIVER RANCH, FL 33867		Mailing Address 38122 RIVER RANCH BLVD RIVER RANCH, FL 33867	
2. Principal Place of Business 2955 RIVER RANCH BLVD		3. Mailing Address 30122 RIVER RANCH BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State RIVER RANCH FL		City & State RIVER RANCH FL 33867	
Zip 33867		Zip 33867	
Country POLK		Country a POLK	
4. FEI Number 59-3009891		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINGLER, ARTHUR 94 ROAN ROAD RIVER RANCH, FL 33867		7. Name and Address of New Registered Agent Name BOYD SPANGLER Street Address (P.O. Box Number is Not Acceptable) 41 PALOMINO PATH City RIVER RANCH, FL Zip Code 33867	
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 <u><i>Boyd Spangler</i></u> 2-4-06 DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLINGLER, ARTHUR 94 ROAN ROAD RIVER RANCH, FL 33867 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR BOYD SPANGLER 41 PALOMINO PATH RIVER RANCH, FL. 33867 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPANGLER, BOYD 41 PALOMINO PATH RIVER RANCH, FL 33867 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD HICKORY TD 25495 NEWPORT CR. LAKE WALES, FL 33898 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR KLINGLER, ARTHUR 94 ROAN ROAD RIVER RANCH, FL 33867 <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	TD CRAWFORD, RUTH 25352 CANTERBURY D. LAKE WALES, FL 33898 <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	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Boyd Spangler</i></u>		2-4-06 863-692-1286 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>	