

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90137 032 \*\*\*\*61.25

|                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N40738</b>                                               |  |
| 1. Entity Name<br><b>THE COMMUNITY CHAPEL OF MELBOURNE BEACH, INC.</b> |                                                                                   |

|                                                                                         |                                                                                      |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>500 OCEAN AVE<br/>MELBOURNE BEACH FL 32951<br/>US</b> | Mailing Address<br><b>POST OFFICE BOX 510695<br/>MELBOURNE BEACH FL 32951<br/>US</b> |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/07)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2473495</b>                        |  | Applied For<br><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<br><b>BROWN, BRENDA ROBERT HINCKLEY<br/>601 MANGO DRIVE, 200A ROSEWOOD DR.<br/>MELBOURNE BEACH FL 32951</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 *Robert M. Hinckley* DATE 4/9/8

(NOTE: Registered Agent signature required when registering.)

|                                                        |                                                                                     |                                    |                                                               |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to:<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DAVID, TRUDY<br>1101 ATLANTIC AVE.<br>MELBOURNE BCH. FL <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CT DENNIS MEEHAN<br>1310 E. PROSPECT AVE.<br>MELBOURNE, FL. 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CT LEHMAN, GAIL<br>1304 PINE ST<br>MELBOURNE BEACH FL 32951 <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CT CHARLIE ALLEN<br>424 AVE. A<br>MELBOURNE BEACH, FL. 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CT <del>DAENYMPHE, ELANDE</del><br><del>P.O. BOX 33005</del><br><del>MELBOURNE FL 32903</del> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CT <del>KRUGER, GLENN</del><br><del>2001 KOMA WAY</del><br>MELBOURNE BEACH FL 32951 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CT BROWN, BRENDA<br>601 MANGO DRIVE<br>MELBOURNE BEACH FL 32951 <input type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: *Robert M. Hinckley* DATE 4/9/8 321-727-0243