

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90340 049 ****75.00

DOCUMENT # N45629 1. Entity Name POND - C - ISLAND CHAPEL DRIVE-IN, INC.					
Principal Place of Business 6727 EAST ROAD LAKE LAND, FL 33809 US			Mailing Address 6727 EAST ROAD LAKE LAND, FL 33809 US		
2. Principal Place of Business 6727 EAST Rd Suite, Apt. #, etc.			3. Mailing Address 6727 EAST Rd Suite, Apt. #, etc. LAKE LAND, FL.		
City & State LAKE LAND, FL.			City & State LAKE LAND, FL.		
Zip 33809		Country POLK		4. FEI Number 59-3071000	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SLAMA, RONEY LEWIS 6727 EAST ROAD LAKE LAND, FL 33809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRP RONEY, SIAMA 6727 EAST RD LAKE LAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRP RONEY, SLAMA 6727 EAST Rd LAKE LAND, FL. 33809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NANCE, EDWARD 1427 GRACE STREET N LAKE LAND, FL 338103036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARD NANCE 1427 GRACE ST. N. LAKE LAND, FL. 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV HOLMAN, ODIS 1701 WEST LANE LAKE LAND, FL 33805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV ODIS HOLMAN 1701 WEST LANE LAKE LAND, FL. 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEAN, ROY 1415 RITTER RD LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROY BEAN 1415 RITTER Rd LAKE LAND, FL. 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Roney Lewis, Slama</u> <u>RONEY LEWIS, SLAMA</u> 4-14-05 863859-6727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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