

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 046 ****61.25



DOCUMENT # N48938
1. Entity Name
OUTDOOR RESORTS CHAPEL, INC.

Principal Place of Business	Mailing Address
210 GALAXY LN MELBOURNE BEACH FL 32951	210 GALAXY LN MELBOURNE BEACH FL 32951

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



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-3138173	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
MOSS, JOSEPH R. 1530 S. FEDERAL HWY. ROCKLEDGE FL 32955	
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 resigning) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DST <input type="checkbox"/> Delete	TITLE	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, JAN	NAME	Henry Janson
STREET ADDRESS	734 HORIZON LN	STREET ADDRESS	515 Horizon Lane
CITY- ST- ZIP	MELBOURNE BEACH FL 32951	CITY- ST- ZIP	Melbourne Beach FL 32951
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBST, JACK	NAME	
STREET ADDRESS	627 PIER LN	STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE BEACH FL 32951	CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGABOS, BILL	NAME	
STREET ADDRESS	633 CAROUSEL LN	STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE BEACH FL 32951	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, PAT	NAME	
STREET ADDRESS	337 PIER LN	STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE BEACH FL 32951	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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: Henry A. Janson 2-12-07 321-725-6849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #