

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N48938

1. Entity Name
OUTDOOR RESORTS CHAPEL, INC.



Principal Place of Business
210 GALAXY LN
MELBOURNE BEACH, FL 32951

Mailing Address
210 GALAXY LN
MELBOURNE BEACH, FL 32951



01112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3138173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOSS, JOSEPH R.
1530 S. FEDERAL HWY.
ROCKLEDGE, FL 32955

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000782139
01/15/08-80063-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	FOSTER, JAN
STREET ADDRESS	734 HORIZON LN
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	P
NAME	BARGABOS, BILL
STREET ADDRESS	633 CAROUSEL LN
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	VP
NAME	RICHARD, PAT
STREET ADDRESS	337 PIER LN
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	T
NAME	JANSON, HENRY
STREET ADDRESS	5151 HORIZON LANE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Henry A. Janson* **Henry A. Janson** **1-12-08** **321-725-6849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #