

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49162

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** THE CHAPEL OF ST. ANDREW, INC.

**Current Principal Place of Business:**

2707 N.W. 37TH STREET  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

2707 N.W. 37TH STREET  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 65-0340134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIMMERMAN, STEPHEN F.  
2707 N.W. 37TH STREET  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DANIELS, LEON P  
Address: 9652 CAROUSEL CIR N  
City-St-Zip: BOCA RATON, FL 33434

Title: PD ( ) Delete  
Name: BUCKLEW, WALLACE L  
Address: 16489 DEL PALACIO COURT  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD ( ) Delete  
Name: ROSS, BRIAN  
Address: 3519 PINE HAVEN CIR  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE L. BUCKLEW

PD

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date