

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 03, 2003 8:00 am
Secretary of State

01-10-2003 90045 008 ****70.00

DOCUMENT # N94000001740

1. Entity Name

OCEAN REEF CHAPEL FOUNDATION, INC.



Principal Place of Business

**32 OCEAN REEF DRIVE
KEY LARGO FL 33037
US**

Mailing Address

**32 OCEAN REEF DRIVE
KEY LARGO FL 33037
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0486471**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **PD**
NAME **CHEVINS, ANTHONY**
STREET ADDRESS **10 SOUTH RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

☒ Delete

TITLE **TD**
NAME **BATES, HENRY**
STREET ADDRESS **108 ANDROS RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

☐ Delete

TITLE **VPD**
NAME **MARKS, ANTONIO DR.**
STREET ADDRESS **408 CARYSFORT RD.**
CITY-ST-ZIP **KEY LARGO FL 33037**

☐ Delete

TITLE **S**
NAME **RICE, LACY**
STREET ADDRESS **32 CARD SOUND RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

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TITLE **AST**
NAME **DELGADO, GAIL**
STREET ADDRESS **30 OCEAN TURF DR**
CITY-ST-ZIP **KEY LARGO FL 33037**

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CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)