


ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-15-2005 90096 015 ****61.25

66016896



DOCUMENT # N95000002270 1. Entity Name FALLING CREEK CHAPEL, INC.					
Principal Place of Business 1061 NW MOORE FARMS RD LAKE CITY, FL 32055 US			Mailing Address PO BOX 3715 LAKE CITY, FL 32056-3715 US		
2. Principal Place of Business 1290 NW FALLING CREEK RD.		3. Mailing Address		05102005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3317105	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ESTHER RT 16, BOX 790 LAKE CITY, FL 32055 <i>address change only</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1051 NW MOORE FARMS RD. 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 September 7, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, PENNY		NAME	Esther Moore	
STREET ADDRESS	283 NW MOORE FARMS RD		STREET ADDRESS	1051 NW Moore Farms Rd	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	Lake City FL 32055	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINGEL, CHERYL		NAME	LAWRENCE E. HENDRICK	
STREET ADDRESS	1059 E. US 90		STREET ADDRESS	P.O. BOX 2801	
CITY-ST-ZIP	MACCLENNY, FL 32063		CITY-ST-ZIP	LAKE CITY, FL 32056-2801	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RUTH		NAME	KENNETH MOORE	
STREET ADDRESS	1835 NW MOORE FARMS RD		STREET ADDRESS	P.O. BOX 1216	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32056-1216	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, KENNETH		NAME	ROBERT SHEPARD	
STREET ADDRESS	PO BOX 1216		STREET ADDRESS	2520 172ND ST.	
CITY-ST-ZIP	LAKE CITY, FL 320561216		CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DWAYNE		NAME	CHERYL PINGEL	
STREET ADDRESS	1835 NW MOORE FARMS RD		STREET ADDRESS	1059 E. US 90	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	MACCLENNY, FL 32063	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKETSON, MARY		NAME	GOLDIE FRAUCK	
STREET ADDRESS	PO BOX 2099		STREET ADDRESS	4548 126TH PLACE - A	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	WELLBORN, FL 32094	
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: <i>Kenneth Moore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			May 10, 2005 (386) 52-6565 Date Daytime Phone #		

ATTACHMENT

66016896

**TO: DIVISION OF CORPORATIONS
Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500**

**FROM: FALLING CREEK CHAPEL
1290 NW FALLING CREEK ROAD
P. O. BOX 3715
LAKE CITY, FL 32056-3715**

REF: DOCUMENT #N95000002270

**WE RECEIVED THE RETURNED ANNUAL REPORT TO BE SIGNED BY
AN OFFICER OF THE CORPORATION.**

**WE HAVE MADE THE NECESSARY CHANGES ON THE FORM AND SIGNED
IT. DUE TO LACK OF SPACE ON THE ORIGINAL FORM, THIS PAGE IS
ATTACHED TO ADD AN ADDITIONAL OFFICER TO NUMBER 11 ON THE
FORM. CALL 386-752-6565 (ELIZABETH) FOR ANY QUESTIONS.**

No. 11 PENNY THOMAS is still the S/D - SECRETARY/DIRECTOR

LAWRENCE E. HENDRICK IS THE P/D - PRESIDENT/DIRECTOR

KENNETH MOORE IS THE T/D - TREASURER/DIRECTOR

ROBERT SHEPARD IS A D - DIRECTOR

**REV. CHERYL PINGEL IS VP/D - VICE PRESIDENT/DIRECTOR
AND IS AN ALTERNATE**

GOLDIE FRALICK IS A D - DIRECTOR

**ESTHER MOORE IS A D - DIRECTOR AND IS ALSO
THE AGENT**