

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 041 ****61.25

DOCUMENT # N95000002270					
1. Entity Name FALLING CREEK CHAPEL, INC.					
Principal Place of Business 1290 NW FALLING CREEK RD LAKE CITY, FL 32055 US			Mailing Address PO BOX 3715 LAKE CITY, FL 32056-3715 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3317105	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOORE, ESTHER 1051 NW MOORE FARMS RD LAKE CITY, FL 32055				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 NAME PINGER, CHERYL STREET ADDRESS 1059 E US 90 CITY-ST-ZIP MACCLENNY, FL 32063	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Villarreal, Melody STREET ADDRESS 297 NW Flamingo Gln CITY-ST-ZIP Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MOORE, ESTHER STREET ADDRESS 1051 NW MOORE FARMS RD CITY-ST-ZIP LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete		TITLE D NAME Fralick, J.S. "Ted" STREET ADDRESS 4548 126th Place A CITY-ST-ZIP Wellborn, FL 32094	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME HENDRICK, LAWRENCE E STREET ADDRESS 1238 SE CITY RD 252 CITY-ST-ZIP LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Moore, Ruth STREET ADDRESS 1835 NW Moore Farms Road CITY-ST-ZIP Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME FRALICK, GOLDIE STREET ADDRESS 4548 126TH PL A CITY-ST-ZIP WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Moore, F.K. "Kenny" STREET ADDRESS 290 NW Maxmore Road CITY-ST-ZIP Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SHEPARD, ROBERT STREET ADDRESS 2520 172ND ST CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete		TITLE D NAME Hudson, Doris STREET ADDRESS 162 SE Claudia Way CITY-ST-ZIP Lake City, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME PINGEL, CHERYL STREET ADDRESS 1059 E. US 90 CITY-ST-ZIP MACCLENNY, FL 32063	<input type="checkbox"/> Delete		TITLE PD NAME Pingel, Cheryl STREET ADDRESS 1059 E. US 90 CITY-ST-ZIP Macclenny, FL 32063	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Cheryl Pinger - Cheryl Pingel</u> <u>04-04-07</u> <u>904-885-1237</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					