FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003495

Corporation Name

CHAPEL OF SPIRITUAL RENEWAL INC.

Principal Place of Business 6814 16 AVE E PALMETTO FL 34221

2. Principal Place of Business

Mailing Address

6814 16 AVE E PALMETTO FL 34221

2a. Mailing Address

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90014 043 ****61.25



3. Date Incorporated or Qualifed

11 110	Ch ANGE	26 6814	16 HUL	<u>E</u>		07/21/1995		
Suite, Apt.	#, etc. /	Suite, Apt. #,			/	4. FEI Number		Applied For
22		27 PAN	netto;	<u> </u>	,	65-0679078		Not Applicable
City & State	P	28 34-2	21	_		5. Certifcate of Status Desired	1	75 Additional ee Required
Zip	Country	Zip	Co	untryZ	COUNTY	6. Election Campaign Financing	\$5	.00 May Be
24	25	29	30 /	MAR	Hee	Trust Fund Contribution	Ac Ac	ided to Fees
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Regi	stered Agent	
				81	Name <i>N</i>	o change		
BRYANT, NANCY D						ss (P.O. Box Number is Not Acceptable)	
6814 16 AVE EAST					Street Addres	as (1.0. box 140mber is 140t 140ceptable	,	
PALMETTO FL 34221								
PALMETT	7 I L 3422 I							Zin On do
				84	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 61	7.0502 and 617.1508. Florid	da Statutes, the	above-	-named corpor	ration submits this statement for the pur	pose of changi	ng its registered
office or re	egistered/agent, or both, in the S	State of Florida. Such chan	ge was authorize	ed by t	he corporation	's board of directors. I hereby accept th	e appointment	as registered
agent. I ai	m familiar with, and accept the o	bligations of Section 617.0	0503, Florida Sta	atutes.		[]3	149	
SIGNATURE	Signature, typed or printed name of registers	an sur	<u>lllly</u>	ori Arrent	signature required v	when reinstatival	DATE	
12.		S AND DIRECTORS	13		agricial o required	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRI	ECTORS IN 12
TITLE	DP		ELETE 1.1	TITLE			☐ Ch	ange Addition
NAME	DELANO, BRYANT L		12	NAME				
STREET ADDRESS	6814 16 AVE E		.		ADDRESS			
ì	PALMETTO FL 34221			CITY-ST				
CITY-ST-ZIP TITLE				TITLE	- 417		□Ch	ange
	SD NAME NAMES	9.5		NAME	}			
NAME	BRYANT, NANCY							
STREET ADDRESS	6814 16 AVE E				ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE				ange Addition	
TITLE	D DIDTON LINDA	<u> </u>	•		1			
NAME	BURTON, LINDA		1	NAME				
STREET ADDRESS	2514 51ST AVE TERR. W.				ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34207			CITY-ST	ZIP			ange
TITLE		_ U		TITLE				
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-ST-	-ZIP			ange
TITLE		רו ה		TITLE				
NAME				NAME				
STREET ADDRESS					ADDRESS			
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TITLE		∐ Di					Ch	ange
NAME				NAME				
STREET ADDRESS			l l		ADDRESS			
CITY-ST-ZIP			6.4	CITY-ST-	-ZIP			

14. 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 informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

anged, or on an attacament with an address, why all other like empowered.

WILL STORY AND THE DRAW OF SIGNING OFFICER OR DIRECTOR.

12/99 941-722-706.
Date Daytime Phone #

CR2E037 (11/98)