

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002792 (7)**

1. Corporation Name

**SEASIDE CHAPEL, INC.**



Principal Place of Business <b>1335 W INDIANTOWN RD SUITE B JUPITER FL 33458 US</b>	Mailing Address <b>1335 W INDIANTOWN RD SUITE B JUPITER FL 33458 US</b>
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3. Date Incorporated or Qualified <b>05/28/1996</b>	
4. FEI Number <b>65-0667244</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BARRETT, ROBERT E JR 1335 W INDIANTOWN RD SUITE B JUPITER FL 33458</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARRETT, ROBERT E JR</b>	1.2 NAME <b>Hubbard, Joseph</b>
STREET ADDRESS <b>6126 WINDING LAKE DRIVE</b>	1.3 STREET ADDRESS <b>11671 153RD CT N</b>
CITY-ST-ZIP <b>JUPITER FL 33458</b>	1.4 CITY-ST-ZIP <b>Jupiter, FL 33478</b>
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, KEN</b>	2.2 NAME
STREET ADDRESS <b>27 TRADEWINDS CIR</b>	2.3 STREET ADDRESS
CITY-ST-ZIP <b>TEQUESTA FL</b>	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, DANA</b>	3.2 NAME
STREET ADDRESS <b>48 YACHT CLUB PLACE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP <b>TEQUESTA FL 33469</b>	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOLVI, GREG</b>	4.2 NAME
STREET ADDRESS <b>401 LAKEWOOD CT, 1-C</b>	4.3 STREET ADDRESS
CITY-ST-ZIP <b>JUPITER FL 33458</b>	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROOKS, MIKE</b>	5.2 NAME
STREET ADDRESS <b>6143 SE ORANGE BLOSSOM TRAIL</b>	5.3 STREET ADDRESS
CITY-ST-ZIP <b>HOBE SOUND FL 33455</b>	5.4 CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHERRY, DICK</b>	6.2 NAME
STREET ADDRESS <b>17 E WINDSOR RD</b>	6.3 STREET ADDRESS
CITY-ST-ZIP <b>JUPITER FL</b>	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 information 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 attachment with an address.

SIGNATURE:

*Joseph L. Hubbard* **Joseph L. Hubbard** 5/16/98 (561) 745-9433

CR2E037 (10/97)