


FILE NOW: FILING FEE IS \$61.25

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Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90005 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003378					
1. Corporation Name THE CHAPEL IN ORANGE CITY, INC.					
Principal Place of Business 620 MONASTERY RD. ORANGE CITY FL 32763			Mailing Address P.O. BOX 741308 ORANGE CITY FL 32763-1308		



2. Principal Place of Business 21 815 F. Graves Ave.		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/24/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3391283	
City & State 23 Orange City, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32763		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LAUCE, STEVEN J 620 MONASTERY RD. ORANGE CITY FL 32763.				10. Name and Address of New Registered Agent 81 Name Steven J. Lance 82 Street Address (P.O. Box Number is Not Acceptable) 2640 Burgoyne Rd. 83 Deltona, FL 32720 84 City FL 85 Zip Code			
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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 Steven J. Lance PD Steven J. Lance PD 9/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANCE, STEVEN			1.2 NAME			
STREET ADDRESS	620 MONASTERY RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL 32763			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANCE, BARBARA			2.2 NAME			
STREET ADDRESS	620 MONASTERY RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL 32763			2.4 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEBERT, GAIL			3.2 NAME			
STREET ADDRESS	2889 W COVINGTON DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET 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 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, with all other like empowered.

SIGNATURE: Steven J. Lance 9/20/99 (904) 738-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)