1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000826

HARBOUR ISLAND COMMUNITY CHAPEL, INC.

Principal Place of Business 6999 N.E. 8TH DRIVE

Mailing Address

6999 N.E. 8TH DRIVE

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90100 021 ****61.25



BOCA RATON FL 33487		BOCA RATON FL 33487			I MONTHE STATEMENT SELECTION SELECTI			
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/13/1997		,	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For
22		27			65-0728863		Not	Applicable
City & State		City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip	Country	-	6. Election Campaign Financing		\$5.00	May Be
24	25	29 3	0		Trust Fund Contribution		Added to	
<u> </u>	9. Name and Address of Current		<u>-, </u>		10. Name and Address of New F	legistered	Agent	
			81	Name				1
NEI AON	DIOLIADO		-	01	4 dd (D.O. Day N. mahon in high Appents	hia)		
NELSON,			82 Street Add		Address (P.O. Box Number is Not Accepta	ibie)		
	8TH DRIVE		83					
BOCA RA	TON FL 33487						·	
			84	City		FL	85 Zip C	ode .
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 617.1508, Florida Statutes of Florida. Such change was auti ons of, Section 617.0503, Florid	the abov horized by la Statutes	e-named the corpo	corporation submits this statement for the pration's board of directors. I hereby accep	purpose of the appo	changing its introduction	registered jistered
SIGNATURE	•				·			}
	Signature, typed or printed name of registered agent		legistered Age	nt signature r	aquired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	RS IN 12/
12.	OFFICERS AND	DELETE			Divestor.	TOLINO A	Change	Addition
TITLE	D	□ becele	1.1 TITLE		STEVE COLDING -	ŧ	T cuando	
NAME /	NELSON, RIHCARD	1.2 N			PUTCH CUPREST	9 _		
STREET ADDRESS	0333 NE OTT DIT		1.3 STREE	TADDRESS	T () () ()	\mathcal{C}_1	200-4	s
CITY-ST-ZIP	BOOK 1211 011 1 E 05 10.		1.4 CITY-5	T-ZIP	FT. CAU dEKLALE	1 4 C /	<u> </u>	1
TITLE	D	☐ DELETE	2.1 TITLE				Change Change	Addition
NAME	SATCHELL, MARK	· . 2.2 N						- 1
STREET ADORESS	443 HENDRICKS DR	/	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33301			ST-ZIP	<u>- </u>		- · * · .	1,
TITLE	D	DELETE	3.1 TITLE			•	Change	Addition
NAME	HAIT, LABRY	•	3.2 NAME				•	
STREET ADDRESS	2326 NE 29TH ST		3.3 STREE	TADDRESS				}
	LIGHTHOUSE POINT FL 33064		3.4. CITY-	\$τ. 7fP				ŀ
CITY-ST-ZIP TITLE	1 CONTINUE OF THE CONTINUE OF	☐ DELETE	4.1 TITLE	J. J.			Change	Addition
			4. 2 NAME					
NAME	·		4	T ADDRESS				<i>*</i>
STREET ADDRESS			4					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-8	i-ZP			Change	Addition
TITLE		m nereig	5.1 TITLE 5.2 NAME		,			٠
NAME .				* ******				Ţ
STREET ADDRESS				TADDRESS			,	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	,			
TITLE		☐ DELETE	6.1 TITLE		·		Change	Addition
NAME ,			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
:	ł							Í

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 appear with an address, with all other like empowered.

SIGNATURE: