
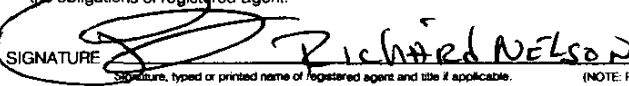
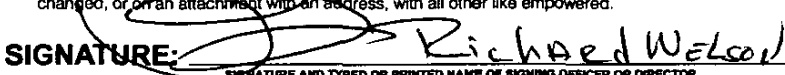


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90167 033 ****61.25

DOCUMENT # N97000000826 1. Entity Name HARBOUR ISLAND COMMUNITY CHAPEL, INC.			
Principal Place of Business 2046 N.E. 155TH STREET N. MIAMI BEACH, FL 33162		Mailing Address 2046 N.E. 155TH STREET N. MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box # 4801 Linton Blvd.		3. Mailing Address 4801 Linton Blvd.	
Suite, Apt. #, etc. # 11A - 617		Suite, Apt. #, etc. # 11A - 617	
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33445		Zip 33445	
Country PALEMBEACH		Country PALEMBEACH	
4. FEI Number 65-0728863		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, RICHARD 2046 N.E. 155TH STREET N. MIAMI BEACH, FL 33162 4801 LINTON BLVD 11A-617 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4801 LINTON BLVD. # 11A - 617 City DELRAY BEACH FL Zip Code 33445	
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.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE 2/26/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, RICHARD 2046 N.E. 155TH ST N. MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, RICHARD 4801 LINTON BLVD. 11A-617 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATCHELL, MARK 443 HENDRICKS DR FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, STEVE 1475 W CYPRESS RD FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/26/07 Daytime Phone #	