## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 31, 2005 08:00 AM **DOCUMENT # N97000001364 Secretary of State** SO PEACEFUL INTERCOASTAL CHAPEL, INC. Principal Place of Business Mailing Address 2046 NE 155TH STREET 2046 NE 155TH STREET NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 01232005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0759548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, RICHARD DO NOT WRITE **2046 NE 155TH STREET** NORTH MIAMI BEACH, FL 33162 IN THIS SPACE 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 little if applicable. (NOTE, Recistered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME **NELSON, RICHARD** STREET ADDRESS 2046 NE 155TH STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 TITLE GOLDING, STEVE U00000281863 STREET ADDRESS 1475 W. CYPRESS CREEK RD. 03/31/05-80019-018 61.25 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 TITLE NAME SATCHELL, MARK STREET ADDRESS 443 HENDRICKS DR DO NOT WRITE CITY-ST-ZIP FT LAUDERDALE, FL 33301 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 extraordation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER ON DIRECTOR Date Daytime Phone #

STREET ADDRESS CITY-ST-ZIP