

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001580

Entity Name: METRO LIFE CHAPEL, INC.

FILED  
Jun 26, 2009  
Secretary of State

## Current Principal Place of Business:

4436 N.W. 44 STREET INVERARRY BLVD  
FORT LAUDERDALE, FL 33319

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 771573  
CORAL SPRINGS, FL 33077

## New Mailing Address:

FEI Number: 65-0824464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WASHINGTON, GARY  
6921 N.W. 9 STREET  
MARGATE, FL 33063      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: WASHINGTON, GARY  
Address: 6921 NW 9 STREET  
City-St-Zip: MARGATE, FL 33063

Title: D      ( ) Delete  
Name: WASHINGTON, SANDRA  
Address: 6921 NW 9 STREET  
City-St-Zip: MARGATE, FL 33063

Title: D      ( ) Delete  
Name: HARRIS, BERNICE  
Address: 500 NW 7 AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: THOMAS, VERNELL  
Address: 304 NW 3RD COURT  
City-St-Zip: HALLANDALE, FL 33009

Title: D      ( ) Delete  
Name: RUSSELL, BLAKE  
Address: 1421 N.W. 51 AVENUE  
City-St-Zip: LAUDERHILL,, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: THOMAS-ROBERTS, VERNELL  
Address: 304 NW 3RD COURT  
City-St-Zip: HALLANDALE, FL 33009

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WASHINGTON

PAST

06/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date