FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # N98000002792 04-22-2000 90044 047 ****61.25 COMMUNITY CHAPEL OF FLORIDA, INC. Mailing Address Principal Place of Business 6999 N.E. 8TH DRIVE 6999 N.E. 8TH DRIVE **BOCA RATON FL 33487-2414** C0068754 **BOCA RATON FL 33487** 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0838755 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address **NELSON, RICHARD** Address change > 6999 N.E. 8TH DRIVE -BOCA RATON FL 33487 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6) ☐ Addition ☐ Delete TITLE TITLE NELSON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 6999 N.E. OTH DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 Defete TITLE TITLE NAME NAME GOLDING, STEVE 1475 WEST CYPRESS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SATCHELL, MARK STREET ADDRESS STREET ADDRESS 443 HENDRICKS DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 conformation or the receiver or trusted empoyeered 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:

Daytime Phone #