

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002792

1. Entity Name
COMMUNITY CHAPEL OF FLORIDA, INC.



Principal Place of Business
2046 NE 155TH STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
2046 NE 155TH STREET
NORTH MIAMI BEACH, FL 33162



01232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0838755

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, RICHARD
2034 NE 155TH ST
NORTH MIAMI BEACH, FL 33162

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, RICHARD
STREET ADDRESS	2046 NE 155 TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	D
NAME	GOLDING, STEVE
STREET ADDRESS	1475 WEST CYPRESS ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	SATCHELL, MARK
STREET ADDRESS	443 HENDRICKS DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/05-80056-012 61.25

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IN THIS SPACE**

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 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

Daytime Phone #

Richard Nelson Director 3/28/05