

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90304 044 \*\*\*\*70.00

**DOCUMENT # N98000004161**

1. Entity Name

**CHAPEL FOUNDATION OF IRCC, INC**

Principal Place of Business

**1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**

Mailing Address

**1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3545204**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WAYBRIGHT, CYNTHIA A  
 1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Cynthia A. Waybright*  
Signature typed or printed name of registered agent and title if applicable.

*Cynthia A. Waybright*  
*Secretary / Treasurer*  
(NOTE: Registered Agent signature required when reinstating)

*3/9/01*  
DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALSH, EUGENE R</b>	
STREET ADDRESS	<b>1502 INDEPENDENCE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WAYBRIGHT, CYNTHIA A</b>	
STREET ADDRESS	<b>2642 SHELL WOOD DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, EDWIN</b>	
STREET ADDRESS	<b>1508 INDEPENDENCE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, WENDELL</b>	
STREET ADDRESS	<b>1084 IRONSIDES AVE.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nordtvedt, Ernest R.</b>	
STREET ADDRESS	<b>1467 Goldrush Ave.</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bottomley, Louise</b>	
STREET ADDRESS	<b>1663 Independence Ave.</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Leisy, Dick C.</b>	
STREET ADDRESS	<b>1591 Independence Ave.</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Moale, John</b>	
STREET ADDRESS	<b>1640 Old Glory Blvd.</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

*Cynthia A. Waybright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cynthia A. Waybright*  
*Secretary / Treasurer*  
Date

*3/9/01 (321) 255-6000*  
Daytime Phone #

CR2E037 (10/00)