


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90024 042 \*\*\*\*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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

02092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3545204

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

Applied For  
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Cynthia A. Waybright Sec./Treas.* DATE: *3/10/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMOWITZ, BEN	
STREET ADDRESS	1532 TIPPICANOE COURT	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WAYBRIGHT, CYNTHIA A	
STREET ADDRESS	2642 SHELL WOOD DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, EDWIN	
STREET ADDRESS	1508 INDEPENDENCE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREITENSTEIN, ARLAN	
STREET ADDRESS	1025 MAYFLOWER AVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTTOMLEY, LOUISE	
STREET ADDRESS	1663 INDEPENDENCE AVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEISY, DICK C	
STREET ADDRESS	1591 INDEPENDENCE AVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 Sec./Treas.* Date: *3/10/04* Daytime Phone #: *321-255-6000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR