

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 021 ****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**

50005780



03212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3545204

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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* **Cynthia A. Waybright** Secretary/Treasurer 3/22/06

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN K	
STREET ADDRESS	1936 FREEDOM DRIVE	
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	ARNETTE, JOHN	
STREET ADDRESS	1365 INDEPENDENCE AVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEISY, DICK C	
STREET ADDRESS	1591 INDEPENDENCE AVE	
CITY-ST-ZIP	MELBOURNE, FL 32940	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janice Teal	
STREET ADDRESS	1677 Independence Avenue	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonas Blank	
STREET ADDRESS	1501 Pioneer Drive	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Peterman	
STREET ADDRESS	2106 Durban Ct.	
CITY-ST-ZIP	Rockledge, FL 32955	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Cynthia A. Waybright** 3/22/06 (321) 255-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #