

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90051 039 \*\*\*\*70.00

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01222007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N98000004161</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3545204	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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 <i>Cynthia A. Waybright</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>1/22/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, JOHN K		NAME		
STREET ADDRESS	1936 FREEDOM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAYBRIGHT, CYNTHIA A		NAME		
STREET ADDRESS	2642 SHELL WOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, EDWIN		NAME		
STREET ADDRESS	1508 INDEPENDENCE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEAL, JANICE		NAME	McLaugherty, Sybil	
STREET ADDRESS	1677 INDEPENDENCE AVE		STREET ADDRESS	1051 Continental Ave.	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNETTE, JOHN		NAME		
STREET ADDRESS	1365 INDEPENDENCE AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREITENSTEIN, ARLAN		NAME	Maskowitz, Marvin	
STREET ADDRESS	1025 MAYLOWER AVE		STREET ADDRESS	1088 Independence Ave.	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, FL 32940	
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: <i>Cynthia A. Waybright</i>		Date: <i>1/22/07</i>		Daytime Phone #: <i>321-255-6000</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					