

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004161

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** CHAPEL FOUNDATION OF IRCC, INC

**Current Principal Place of Business:**

1936 FREEDOM DRIVE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1936 FREEDOM DRIVE  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 59-3545204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, JULIE  
1936 FREEDOM DRIVE  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: JONAS, BLANK  
Address: 1336 CONTINENTAL AVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: ROBERTS, JULIE  
Address: 1936 FREEDOM DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: TD  
Name: ANDERSON, GENE  
Address: 1355 DEMOCRACY AVE  
City-St-Zip: MELBOURNE, FL 32940

Title: PD  
Name: CROWE, BILL  
Address: 1557 FREEDOM DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: VD  
Name: ADAMS, LARRY  
Address: 1323 INDEPENDENCE AVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D  
Name: STOUT, BRUCE  
Address: 1541 TIPPICANOE AVE.  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE A ROBERTS

DIRE

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date