2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001069

Entity Name: QUAIL HOLLOW CHAPEL, INC.

FILED Jun 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8304 QUAIL RUN DR. 8304 QUAIL RUN DR.

WESLEY CHAPEL, FL 33544 US

Current Mailing Address: New Mailing Address:

8304 QUAIL RUN DR. WESLEY CHAPEL, FL 33544

FEI Number: 59-3566518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CHAFFIN, WAYNE D MORGAN, THERRILL E 8304 QUAIL RUN DR. 8304 QUAIL RUN DR.

WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 US

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: THERRILL E MORGAN 06/16/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BROWN, PAUL
 Name:

 Address:
 555 ROCKY HILL ROAD
 Address:

 Oity St Zin:
 NORTH SCITIATE BL 029571029
 Oity St Zin:

City-St-Zip: NORTH SCITUATE, RI 028571028 City-St-Zip:

Title: SD () Delete Title: () Change () Addition Name: BROWN, JOSEPH JR. Name:

 Address:
 P.O. BOX 389
 Address:

 City-St-Zip:
 DUBLIN, NH 034440389
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HANSEN, LWEIS
 Name:
 HANSEN, LEWIS

 Address:
 P.O. BOX 240
 Address:
 P.O. BOX 240

City-St-Zip: DUBLIN, NH 034440240 City-St-Zip: DUBLIN, NH 034440240

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH L WYNN TREA 06/16/2004