

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001069

FILED
Apr 06, 2006
Secretary of State

Entity Name: QUAIL HOLLOW CHAPEL, INC.

Current Principal Place of Business:

8304 QUAIL RUN DR.
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

Current Mailing Address:

8304 QUAIL RUN DR.
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 59-3566518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, THERRILL E
8304 QUAIL RUN DR.
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

MORGAN, THERRILL E
8314 QUAIL RUN DR.
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:

04/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, PAUL
Address: 555 ROCKY HILL ROAD
City-St-Zip: NORTH SCITUATE, RI 028571028

Title: SD () Delete
Name: BROWN, JOSEPH JR.
Address: P.O. BOX 389
City-St-Zip: DUBLIN, NH 034440389

Title: TD () Delete
Name: HANSEN, LEWIS
Address: P.O. BOX 240
City-St-Zip: DUBLIN, NH 034440240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BROWN, JOSEPH JR.
Address: 8304 QUAIL RUN DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD (X) Change () Addition
Name: HANSEN, LEWIS I
Address: 26 MARSTALLER DR.
City-St-Zip: DUBLIN, NH 034440

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/06/2006

Electronic Signature of Signing Officer or Director

Date