

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001069

FILED  
Jun 15, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MORGAN, THERILL 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: \_\_\_\_\_

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: 8304 QUAIL RUN DR.  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD ( ) Delete  
Name: HANSEN, LEWIS I  
Address: 26 MARSTALLER DR.  
City-St-Zip: DUBLIN, NH 03444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

06/15/2007

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

\_\_\_\_\_  
Date