

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N07000005732

Entity Name: C. H. I. P. INC.

Current Principal Place of Business:

972 WHITEWOOD DRIVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

972 WHITEWOOD DRIVE
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-0321235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, TERISSA Z
972 WHITEWOOD DRIVE
DELTONA, FL 32725 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: P () Delete
Name: HENDRICKSON, TINA M
Address: 785 SOUTH CEDAR AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: VP () Delete
Name: BERRAN, KATHY
Address: 9 DOMINGO ROAD
City-St-Zip: DELAND, FL 32724

Title: SEC () Delete
Name: KELLER, TERISSA Z
Address: 972 WHITEWOOD DRIVE
City-St-Zip: DELTONA, FL 32725

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: TINA M HENDRICKSON

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date