

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006282

FILED
Apr 02, 2009
Secretary of State

Entity Name: UNITED CHAPLAIN OF FLORIDA MINISTRY, INC.

Current Principal Place of Business:

652 SW PRADO AVENUE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

652 SW PRADO AVENUE
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 35-2344595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEVARA, MARIBEL
652 SW PRADO AVENUE
PORT ST LUCIE, FL 34983 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: GUEVARA, MARIBEL MS
Address: 652 SW PRADO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: ROSADO, PEDRO SR.
Address: 265 NW COCONUT KEY WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S () Delete
Name: DIAZ, DORIS MS
Address: 1041 SW CAIRO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: SERRANO, ALBERTO SR.
Address: 2818 SW ROSETTA STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VOC () Delete
Name: TORRES, FREDERICK E SR
Address: 652 SW PRADO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VOC () Delete
Name: CRESPO, JORGE SR
Address: 1552 SE ROYAL GREEN CIRCLE /O-104
City-St-Zip: PORT ST LUCIE, FL 34952

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:

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: MARIBEL GUEVARA

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date