

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008692

**Entity Name:** CHAPLAINS COLLEGE OF PASTORAL MINISTRY, INC.

**Current Principal Place of Business:**

5042 WILSHIRE BLVD,  
OFFICE 31351  
LOS ANGELES, CA 90036

**Current Mailing Address:**

5042 WILSHIRE BLVD,  
OFFICE 31351  
LOS ANGELES, CA 90036 US

**FEI Number:** 27-3486658

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD, SUITE A  
TAMPA, FL 33612 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

**Officer/Director Detail :**

Title DR.  
Name SCADRON, DALE A  
Address 5042 WILSHIRE BLVD,  
OFFICE 31351  
City-State-Zip: LOS ANGELES CA 90036

Title REV  
Name TONY, SPERL  
Address 5042 WILSHIRE BLVD,  
OFFICE 31351  
City-State-Zip: LOS ANGELES CA 90036

Title REV  
Name BURDICK, STEVE  
Address 5042 WILSHIRE BLVD,  
OFFICE 31351  
City-State-Zip: LOS ANGELES CA 90036

Title REV  
Name ANNA, SCADRON  
Address 5042 WILSHIRE BLVD,  
OFFICE 31351  
City-State-Zip: LOS ANGELES CA 90036

*I hereby 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 all other like empowered.*

**SIGNATURE:** DALE A SCADRON

**PRESIDENT**

**04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date