

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006762

Entity Name: DUNAMIS INTERNATIONAL CHAPLAINS ASSOCIATION, INC.**Current Principal Place of Business:**7517 SW 4TH COURT
NORTH LAUDERDALE , FL 33068**Current Mailing Address:**7517 SW 4TH COURT
NORTH LAUDERDALE , FL 33068 US**FEI Number: 90-1015352****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COLLAZO RAMOS, GUILLERMO ANTONIO DR.
7517 SW 4TH COURT
NORTH LAUDERDALE , FL 33068 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: DR GUILLERMO ANTONIO COLLAZO RAMOS****04/05/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COLLAZO RAMOS , GUILLERMO ANTONIO DR.
Address 7517 SW 4TH COURT
City-State-Zip: NORTH LAUDERDALE FL 33068

Title OFFICER, EMERGENCY RESPONSE INSTRUCTOR
Name ZELAYA, FREDY JR.
Address 7517 SW 4TH COURT
City-State-Zip: NORTH LAUDERDALE FL 33068

Title CEO, DIRECTOR, INSTRUCTOR OF LAKELAND DIVISION
Name TELLADO, NEIL PASTOR / CHAPLAIN
Address 8319 ADELE RD
City-State-Zip: LAKELAND FL 33810

Title COO, DIRECTOR FORT LAUDERDALE
Name HERNANDEZ, VIVIAN CHAPLAIN
Address 7517 SW 4TH COURT
City-State-Zip: NORTH LAUDERDALE FL 33068

Title VP
Name RAMOS, FRANCISCO DR.
Address 229 CRANBROOK DR
City-State-Zip: KISSIMMEE FL 34758

Title TREASURER
Name APONTE, CARMEN
Address 229 CRANBROOK DR
City-State-Zip: KISSIMMEE FL 34758

Title CHAIRMAN, DIRECTOR, INSTRUCTOR OF LAKELAND DIVISION
Name OCASIO , RAQUEL CECILIA CHAPLAIN
Address 8319 ADELE RD
City-State-Zip: LAKELAND FL 33810

Title REGIONAL DIRECTOR CENTRAL TEXAS DIVISION - BELL COUNTY
Name COLON, JOHNNY CHAPLAIN
Address 1608 SADDLE DRIVE
City-State-Zip: KILLEEN TX 76543

Continues on page 2

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: DR GUILLERMO ANTONIO COLLAZO RAMOS**PRESIDENT****04/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title REGIONAL DIRECTOR CENTRAL TEXAS
DIVISION - BELL COUNT
Name SANCHEZ, GLORIVI CHAPLAIN
Address 1608 SADDLE DRIVE
City-State-Zip: KILLEEN TX 76543

Title ADMINISTRATIVE REGIONAL DIRECTOR
JACKSONVILLE DIVISION - DUVAL COUNT
Name KING , VERNELL DR.
Address 1709 HELENA STREET
City-State-Zip: JACKSONVILLE FL 32209

Title REGIONAL DIRECTOR
JACKSONVILLE DIVISION - DUVAL CO
Name MITCHELL, ANTHONY HENRI
CHAPLAIN, DR.
Address 1709 HELENA STREET
City-State-Zip: JACKSONVILLE FL 32209

Title EXECUTIVE ADMINISTRATIVE
DIRECTOR
Name CAMPBELL, LENNOX CHAPLAIN
Address 7517 SW 4TH COURT
City-State-Zip: NORTH LAUDERDALE FL 33068