

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006762

Entity Name: DUNAMIS INTERNATIONAL CHAPLAINS ASSOCIATION, INC.**Current Principal Place of Business:**8320 W STATE RD 84
DAVIE, FL 33324**Current Mailing Address:**6922 SW 18TH COURT
POMPANO BEACH, FL 33068**FEI Number: 90-1015352****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COLLAZO, GUILLERMO
6922 SW 18TH COURT
POMPANO BEACH, 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PD
Name COLLAZO, GUILLERMO DR.
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title CEO
Name HERNANDEZ, VIVIAN
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title COO
Name SIMON, ROSA L
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title VP
Name RAMOS, FRANCISCO
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name GONZALEZ, JERRY DR.
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title CHAIRMAN
Name ARROYO, EDWIN
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name RIVERA, WILFREDO
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name RAMIREZ, DOEL
Address 8320 W STATE RD 84
City-State-Zip: DAVIE FL 33324

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 A COLLAZO**PRESIDENT****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	RAMIREZ, FANY
Address	8320 W STATE RD 84
City-State-Zip:	DAVIE FL 33324