

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001762

**FILED**  
**Feb 17, 2020**  
**Secretary of State**  
**4545174182CC**

**Entity Name:** THE GREAT COMMISSION OF THE CHAPLAIN INTERNATIONAL CORP

**Current Principal Place of Business:**

324 LAKE DAISY LOOP  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

P.O. BOX 914  
DUNDEE, FL 33838 US

**FEI Number:** 46-5050834

**Certificate of Status Desired:** No

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

QUINONES, MIRNA L REV.  
324 LAKE DAISY LOOP  
WINTER HAVEN, FL 33884 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 P  
Name VEGA, JULIO A REV.  
Address 324 LAKE DAISY LOOP  
City-State-Zip: WINTER HAVEN FL 33884

Title VP,T  
Name QUINONES, MIRNA L REV.  
Address 324 LAKE DAISY LOOP  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name ZAPATA, LAURA G REV.  
Address 210 CONWAY RD  
APT. J1  
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR  
Name RIVERA, YAMIRIS  
Address 211 W. 10TH ST.  
City-State-Zip: LAKELAND FL 33805

Title SECRETARY  
Name RIVERA, GLORICELA  
Address 167 TOLUCA DR.  
City-State-Zip: KISSIMMEE FL 34743

*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:** MIRNA QUINONES

02/17/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date