### 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: EDWIN ROBERTO SANCHEZ

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:	
SANCHEZ, EDWIN R 9310 OLD KINGS RD. S. SUITE 801 JACKSONVILLE, FL 32257 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 Florid	a.
SIGNATURE: EDWIN ROBERTO SANCHEZ	10/

Title

Name

Address

City-State-Zip:

Μ

PRESIDENT

MACADAM, SAMUEL

JACKSONVILLE FL 32257

9310 OLD KINGS RD. S. SUITE 801

9310 OLD KINGS RD. S. JACKSONVILLE, FL 32257

Electronic Signature of Registered Agent

9310 OLD KINGS RD. S. SUITE 801

9310 OLD KINGS RD. S. SUITE 801

DOCUMENT# N1500006035

Entity Name: INTERNATIONAL NETWORK OF CHAPLAINS, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

## **Current Principal Place of Business:**

9310 OLD KINGS RD. S. SUITE 801 JACKSONVILLE, FL 32257

# **Current Mailing Address:**

**SUITE 801** 

### FEI Number: 47-4576682

**Officer/Director Detail :** 

Ρ

Μ

CRUZ, JUAN

SANCHEZ, EDWIN R

JACKSONVILLE FL 32257

JACKSONVILLE FL 32257

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

Certificate of Status Desired: Yes

10/27/2016

Date

10/27/2016

Date