

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000005147**

1. Entity Name

UNITED CHAPLAINS INTERNATIONAL, INCORPORATED



Principal Place of Business

1075 TIFFANY ST.  
BRONX, NY 10459

Mailing Address

3442 14TH AVE. NORTH  
ST. PETERSBURG, FL 33713



03112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

36-4508515

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, REV. JOSE  
3442 14TH AVE. NORTH  
ST. PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
FIGUEROA, REV. JOSE  
3442 14TH AVE.  
ST. PETERSBURG, FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCVJ  
NOBUEIRAS, MARCOS REV  
11 BELLEVUE AVE # 1  
WINTHROP, MA 02152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
COLON, DIGNA  
603 BAINBRIDGE ST.  
KINGS, NY 11233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
CRESPO, ELVIA  
1325 ED L GRANT HWY APT 37  
BRONX, NY 10452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000300155  
04/12/05-80010-005 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-05 727 455 2160