

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005147

FILED
Feb 08, 2008
Secretary of State

Entity Name: UNITED CHAPLAINS INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

1075 TIFFANY ST.
BRONX, NY 10459

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 36-4508515 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: FIGUEROA, REV. JOSE
Address: 3442 14TH AVE.
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VCVJ () Delete
Name: NOGUEIRAS, MARCOS REV
Address: 11 BELLEVUE AVE # 1
City-St-Zip: WINTHROP, MA 02152

Title: DS () Delete
Name: COLON, DIGNA
Address: 603 BAINBRIDGE ST.
City-St-Zip: KINGS, NY 11233

Title: DT () Delete
Name: CRESPO, ELVIA
Address: 1325 ED L GRANT HWY APT 37
City-St-Zip: BRONX, NY 10452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE FIGUEROA

REV.

02/08/2008

Electronic Signature of Signing Officer or Director

Date