

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 042 \*\*\*\*61.25

**DOCUMENT # N01000001064**

1. Entity Name

**INTERNATIONAL CHAPLAINS ASSOCIATION OF  
FLORIDA, INC.**



Principal Place of Business

**1811 NORTHWEST 38TH AVENUE  
LAUDERHILL FL 33313**

Mailing Address

**1811 NORTHWEST 38TH AVENUE  
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1103435**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**NELSON, EULA  
3961 NW 34TH AVENUE  
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **TROUTMAN, TOMMY BISHOP**  
STREET ADDRESS **1811 NORTHWEST 38TH AVENUE**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **V** ☐ Delete  
NAME **JENKINS, MARY**  
STREET ADDRESS **1811 NORTHWEST 38TH AVENUE**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete  
NAME **TROUTMAN, BRENDA**  
STREET ADDRESS **1811 NW 38TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE **T** ☐ Delete  
NAME **HIBBERT, JACKIE**  
STREET ADDRESS **1811 NORTHWEST 38TH AVENUE**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **DS** ☐ Delete  
NAME **BURKE, NATALIE**  
STREET ADDRESS **1220 HAMPTON BLVD APT 215**  
CITY-ST-ZIP **POMPANO BEACH FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Eula Nelson* **EULA NELSON** 2/11/04 954-484-7713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Agent Date Daytime Phone #