

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001064

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE INTERNATIONAL CHAPLAINS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

2210 W. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2210 W. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 65-1103435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NELSON, EULA
4699 NORTH SR 7, SUITE Z
TAMARAC, FL 33319 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROUTMAN, TOMMY BISHOP
Address: 2328 NW 9TH ST
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: SANDS, FRED
Address: 300 SW 29TH AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: TROUTMAN, BRENDA
Address: 2328 NW 9TH ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: NELSON, EULA
Address: 3961 NW 34TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DS () Delete
Name: BURKE, NATALIE
Address: 1220 HAMPTON BLVD APT 215
City-St-Zip: POMPANO BEACH, FL 33068

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:

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: BISHOP TOMMY TROUTMAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date