

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002634

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NAZARENE HISPANIC CHAPLAINCY MINISTRIES, INC.

## Current Principal Place of Business:

109 APRIL LANE  
TAMPA, FL 33613

## New Principal Place of Business:

## Current Mailing Address:

109 APRIL LANE  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 06-1743030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EDGAR, DIAZ J  
4417 W KNOLLWOOD ST.  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

EDGAR, DIAZ J  
109 APRIL LANE  
TAMPA, FL 33613 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:

04/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIAZ, J. EDGAR  
Address: 4417 KNOLLWOOD STREET  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: CORTES, NANCY ANN  
Address: 4417 KNOLLWOOD STREET  
City-St-Zip: TAMPA, FL 33614

Title: SDC ( ) Delete  
Name: DIAZ, ANTONIO  
Address: 109 APRIL LANE  
City-St-Zip: TAMPA, FL 33613

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DIAZ, J. EDGAR  
Address: 109 APRIL LANE  
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change ( ) Addition  
Name: CORTES, NANCY ANN  
Address: 109 APRIL LANE  
City-St-Zip: TAMPA, FL 33613

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

Title: MGR ( ) Change (X) Addition  
Name: CORTES, REY D  
Address: 14802 N. FLORIDA AVENUE APT. U-325  
City-St-Zip: TAMPA, FL 33613

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: J. EDGAR DIAZ

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date