## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0200006844

THE CHALACO EDUCATIONAL FOUNDATION, INC.



## **FILED** Jun 02, 2003 8:00 am Secretary of State

06-02-2003 90342 001 \*\*\*\*90.00 06-02-2003 90342 002 \*\*\*\*\*8.75

Principal Place	e of Business	Mailing Address						
727 W MLK DE CINCINNATI OF		727 W MLK DR #807W CINCINNATI OH 45220						
							BIII) 88118 87181 1871 B	
2. Principal P	lace of Business	3. Mailing Address						8)( 1(S) 1(S)
727 WMLK Dr. # 727 WMLK		Dr.			11 <b>0</b> 11   0.011   0.011   0.011   0.011	<b>   </b>	417 6161 1961	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			Псн	HECK HERE IF MA	KING CHANGES	
#807W #807W		#807W				. ,		
City & State	e .	City & State			4. FEI Number	. 110.0	<del>  </del>	oplied For
Cincin	nati, DIT	Cincinnati	<u>, 6H</u>		04-3701	6992		ot Applicable
Zip	Country	Zip	Country	,	5. Certificate of State	us Desired 💆	\$8.75 Add Fee Require	
4522	6. Name and Address of Current F	45220	<u> ≥. u .≤</u>	/ <del> </del>	7. Name and Addre	se of New Beniet		
	6. Name and Address of Current F	registered Agent	Name		7. Name and Addre	sas of New Regist	ered Agent	
14/11   14/4/	DAME AL	ı				e &		
	S, DAVID N		Street	Address (f	P.O. Box Number is No	t Acceptable)	_	
	AND CORPORATIONS, INC. 773 4TH AVE N			•	<del></del>	- ,	<u> </u>	
NAPLES !								
NAPLES	FL 34102		· City			ä	FL Zip Cod	е
	named entity submits this statement for	the purpose of changing its	registered office	or registere	ed agent, or both, in th	e State of Florida.	I am familiar with,	and accept
the obligati	ions of registered agent.							1
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SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)	ľ	DATE	
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· · · · · · · · · · · · · · · · · · ·		9. Élection Can	npaign Financing	_	\$5.00 May Be		heck Payable	
<u>.</u> §	FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees		heck Payable epartment of	
	FILE NOW: FEE IS \$61.25	9. Election Can	ontribution.		Added to Fees	Florida D	epartment of	State
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR	9. Election Can Trust Fund C	ontribution.			Florida D	epartment of	State
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR	9. Election Can	11.		Added to Fees	Florida D	epartment of	State
10. TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR PD ALCANTARA, CARLOS	9. Election Can Trust Fund C	11. TITLE NAME		Added to Fees	Florida D	epartment of	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD ALCANTARA, CARLOS PO BOX 61289	9. Election Can Trust Fund C	11. TITLE NAME STREET ADDRESS		Added to Fees	Florida D	epartment of	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD ALCANTARA, CARLOS PO BOX 61289 HOUSTON TX 77208	9. Election Can Trust Fund C ECTORS	Ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Added to Fees	Florida D	epartment of and DIRECTORS IN Change	State  1 10  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR PD ALCANTARA, CARLOS PO BOX 61289 HOUSTON TX 77208	9. Election Can Trust Fund C ECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE-		Added to Fees	Florida D	epartment of	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR PD ALCANTARA, CARLOS PO BOX 61289 HOUSTON TX 77208 TD ALCANTARA, SHANDA	9. Election Can Trust Fund C ECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME	- A	Added to Fees	Florida D	epartment of and DIRECTORS IN Change	State  1 10  Addition
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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.

SIGNARIURE BEDWARDONNEr Vin President 3/2/1/03 513-751-4873