

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90016 024 \*\*\*\*61.25

<b>DOCUMENT # N04000001639</b> 1. Entity Name <b>CHAPLAINS ON CALL, INC.</b>					
Principal Place of Business <b>3974 TAMPA RD SUITE A OLDSMAR, FL 34677</b>			Mailing Address <b>3974 TAMPA RD SUITE A OLDSMAR, FL 34677</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KUTCHINS, BRYAN A 3974 TAMPA RD SUITE A OLDSMAR, FL 34677</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <u><i>Bryan A. Kutchins</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 30%; text-align: right;">           DATE <u>7/26/05</u> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASTINGS, THOMAS F DD	NAME			
STREET ADDRESS	3974 TAMPA RD SUITE A	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATY, R. MICHAEL	NAME			
STREET ADDRESS	3974 TAMPA RD SUITE A	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BANKS, DONALD J JR	NAME			
STREET ADDRESS	3974 TAMPA RD SUITE A	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u><i>[Signature]</i></u>		Date <u>7/26/05</u> <small>Daytime Phone #</small>			

ATTACHMENT  
**Kutchins & Bishop, P.A.**  
Attorneys & Counselors at Law

06026358

BRYAN A. KUTCHINS\*  
ROBERT C. BISHOP\*

\*ADMITTED TO FLORIDA & MICHIGAN BAR

INTERNATIONAL LAW BUILDING  
3974 TAMPA ROAD, SUITE A  
OLDSMAR, FLORIDA 34677

MAILING ADDRESS:  
P.O. BOX 1063  
OLDSMAR, FLORIDA 34677

(813) 855-4663  
FAX 813-855-4893  
E-MAIL: KUTCHINS@MSN.COM

August 18, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

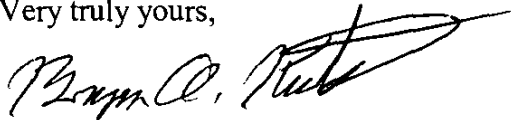
RE: Chaplains On Call, Inc.  
Reference No. N04000001639

Dear Sir/Madam:

Pursuant to your correspondence of August 2, 2005 regarding the above-referenced corporation, enclosed please find the 2005 Not-for-Profit Annual Report which now reflects the FEI Number. Please process this matter accordingly.

Should you have any questions regarding this matter, do not hesitate to contact the writer.

Very truly yours,



Bryan A. Kutchins, Esquire  
KUTCHINS & BISHOP, P.A.

BAK/lmw

Enclosure

cc: Dr. Thomas Hastings



ATTACHMENT

66020350

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 2, 2005

CHAPLAINS ON CALL, INC.  
3974 TAMPA RD  
SUITE A  
OLDSMAR, FL 34677

Subject: **CHAPLAINS ON CALL, INC.**

Reference Number: **N04000001639**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION