

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 12, 2006
Secretary of State**

DOCUMENT# N04000003361

Entity Name: CHAPLAINS IN THE HANDS OF GOD, INC.

Current Principal Place of Business:

4002 W. WATERS AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

9901 TATE LN.
TAMPA, FL 33626

New Mailing Address:

FEI Number: 01-0811304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, RAYMOND REV
9901 TATE LN.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MARTINEZ, GLORIA REV
Address: 4002 W WATERS AVE STE 2
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: RAMIREZ, RAYMOND REV
Address: 9901 TATE LN.
City-St-Zip: TAMPA, FL 33626

Title: TD () Delete
Name: RAMIREZ, GLORYBELL MIS
Address: 9901 TATE LN.
City-St-Zip: TAMPA, FL 33626

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: REV. RAYMOND RAMIREZ JR

D

02/12/2006

Electronic Signature of Signing Officer or Director

_____ Date