2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
01-09-2006 90041 017 ****70.00

DOCUMENT # N05000005693

1. Entity Name
WORLD EMERGENCY DISASTER CHAPLAINS INC

Principal Place of Business	Mailing Address
1855 COBLE DR DELTONA, FL 32738	1855 COBLE DR DELTONA, FL 32738

01042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-0548496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUZ, MAYRA 1855 COBLE DR DELTONA, FL 32738	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRUZ, MAYRA 1855 COBLE DR DELTONA, FL 32738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S CRUZ MAYRA 1855 COBLE DR DELTONA FL 32738	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOLIS, LYDIA 1067 E NORMANDY BLVD DELTONA, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOLIS LYDIA 1855 COBLE DR DELTONA, FL 32738	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORTES, CARMEN 1655 BRENTLAWN ST DELTONA, FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A/S CORTES, CARMEN 1655 BRENTLAWN ST DELTONA FL 32725	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHN, EMILIA 1941 NEWMARK DR DELTONA, FL 32738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Mayra Cruz 1-5-06 305-668-7613 386-837-9155
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
66000712

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2006

WORLD EMERGENCY DISASTER CHAPLAINS INC
1855 COBLE DR
DELTONA, FL 32738

Subject: **WORLD EMERGENCY DISASTER CHAPLAINS INC**

Reference Number: **N05000005693**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $70.00; 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.

/MS
ANNUAL REPORTS SECTION

Received on 1/26/06 by Rec. Mgt. Cruz

Copy

ATTACHMENT

66000712

#N05000005693

Internal Revenue Service
Director, Exempt Organizations

Department of the Treasury
PO Box 2508
Cincinnati, OH 45201

Date: July 26, 2005

WORLD EMERGENCY DISASTER
CHAPLAINS INC
C/O MAYRA CRUZ
1855 COBLE DR
DELTONA, FL 32738

Employer Identification Number:
51-0548496
Document Locator Number:
17053-197-72300-5
Person to Contact and ID number:
Sue Crawford 3103511
Telephone Number:
(513) 263-3432
FAX Number:
(513) 263-3434
Response Due Date:
August 4, 2005

Dear Applicant:

Your application for tax-exempt status was received and entered into our computer system at our Processing Center in Covington, Kentucky. Your application was then forwarded to our Cincinnati, Ohio, office to be reviewed.