

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90049 025 ****71.00

DOCUMENT # N05000005693

1. Entity Name

WORLD EMERGENCY DISASTER CHAPLAINS INC



Principal Place of Business

1855 COBLE DR
DELTONA FL 32738

Mailing Address

1855 COBLE DR
DELTONA FL 32738



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

51-0548496

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, MAYRA
1855 COBLE DR
DELTONA FL 32738**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUZ, MAYRA	
STREET ADDRESS	1855 COBLE DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLIS, LYDIA	
STREET ADDRESS	1067 E NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CORTES, CARMEN	
STREET ADDRESS	1655 BRENTLAWN ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHN, EMILIA	
STREET ADDRESS	1941 NEWMARK DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CRUZ, MAYRA	
STREET ADDRESS	1855 COBLE DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solis, Lydia	
STREET ADDRESS	1855 COBLE DR	
CITY-ST-ZIP	DELTONA FL, 32738	
TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCADO, MARIBIEL	
STREET ADDRESS	222 BURNING TREE DR	
CITY-ST-ZIP	KISSIMMEE, FL 33743	
TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, GIOVANNA	
STREET ADDRESS	1855 COBLE DR	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANO, FABIAN	
STREET ADDRESS	222 BURNING TREE DR	
CITY-ST-ZIP	KISSIMMEE, FL 33743	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mrs. Mayra Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/07

877-417-3975
305-668-7613
Daytime Phone #

ATTACHMENT

40011052

N05000005693

World Emergency Disaster Chaplain
INC

1/1/07

Pres/Secy - chaplain, MAYRA CRUZ

new changes

and addition to our
BOARD

1855 COBLE DR, Deltona FL 32738

ALL Volunteers

Vice Pres

ms. Lydia solis

1855 COBLE DR (new address)

Deltona FL, 32738

s/d

ms. MARIBEL MERCADO (change)

222 BURNING TREE DR.

KISSIMMEE, FL 33743

new

T

ms. GIOVANNA RIVERA (change)

1855 COBLE DR

Deltona, FL 32738

new

J.

MR. FABIAN CAYO

222 BURNING TREE DR (Addition)

KISSIMMEE FL 33743

Respectfully submitted

x Pres. Mayra Cruz

Pres/Secy Chaplain MAYRA CRUZ