

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005693

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** WORLD EMERGENCY DISASTER CHAPLAINS INC

**Current Principal Place of Business:**

1855 COBLE DR  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

1855 COBLE DR  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 51-0548496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRUZ, MAYRA  
1855 COBLE DR  
DELTONA, FL 32738 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: P ( ) Delete  
Name: CRUZ, MAYRA  
Address: 1855 COBLE DR  
City-St-Zip: DELTONA, FL 32738

Title: V ( ) Delete  
Name: SOLIS, LYDIA  
Address: 1855 COBLE DR  
City-St-Zip: DELTONA, FL 32738

Title: SD ( ) Delete  
Name: MARCADO, MARIBIEL  
Address: 222 BURING TREE DR  
City-St-Zip: KISSIMMEE, FL

Title: T ( ) Delete  
Name: RIVERA, GIOVANNA  
Address: 1855 COBLE DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: PS ( ) Delete  
Name: CRUZ, MAYRA  
Address: 1855 COBLE DR  
City-St-Zip: DELTONA, FL 32738

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MORALES, VALARIE  
Address: 2799 NEWMARK DR.  
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify 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: MAYRA CRUZ

PS

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date