2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# N05000005693

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/S
Name: CRUZ, MAYRA
Address: 1855 COBLE DR
City-St-Zip: DELTONA, FL 32738

Title: T
Name: SOLIS, LYDIA
Address: 4880 51ST STREET WEST APT 1506
City-St-Zip: BRADENTON, FL 34210

Title: D
Name: CINTRON, LUIS A
Address: 1018 EAST NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: D
Name: GONZALEZ-BELTON, THELMA L
Address: 469 TRADEWINDS DR
City-St-Zip: DELTONA, FL 32738

Title: D
Name: ORTIZ, JUDITH
Address: 965 WILMINGTON DR
City-St-Zip: DELTONA, FL 32725

Title: D
Name: BELTON, THOMAS L
Address: 469 TRADEWINDS DR
City-St-Zip: DELTONA, FL 32738

I hereby 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 all other like empowered.

SIGNATURE: MAYRA CRUZ P/S 01/10/2012
Electronic Signature of Signing Officer or Director Date