

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

DOCUMENT# N06000001596

**Entity Name:** SPANISH AMERICAN INTERNATIONAL CHAPLAINS ASSOC. OF FLORIDA, CORP.

**Current Principal Place of Business:**

3644 DEVEREAUX COURT  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 450913  
KISSIMMEE, FL 34745 US

**New Mailing Address:**

**FEI Number:** 76-0818492      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ, ENRIQUE REV.  
3644 DEVEREAUX COURT  
ORLANDO, FL 32837 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: PRES ( ) Delete  
Name: HERNANDEZ, ENRIQUE REV.  
Address: 3644 DEVEREAUX COURT  
City-St-Zip: ORLANDO, FL 32837 US

Title: VP ( ) Delete  
Name: CRISPIN, ANGEL REV.  
Address: P. O. BOX 450913  
City-St-Zip: KISSIMMEE, FL 34745 US

Title: TREA ( ) Delete  
Name: CALDERON, ROSA REV.  
Address: P. O. BOX 450913  
City-St-Zip: KISSIMMEE, FL 34745

Title: SEC ( ) Delete  
Name: MUNOZ, DAYANNESA  
Address: P. O. BOX 450913  
City-St-Zip: KISSIMMEE, FL 34745

Title: DIR ( ) Delete  
Name: NAZARIO, JOSUE REV.  
Address: P. O. BOX 450913  
City-St-Zip: KISSIMMEE, FL 34745

Title: DIR ( ) Delete  
Name: NINA, GUILLERMO REV.  
Address: P. O. BOX 450913  
City-St-Zip: KISSIMMEE, FL 34745

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

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: ENRIQUE HERNANDEZ

P

01/16/2009

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

\_\_\_\_\_  
Date