

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005732

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: C. H. I. P. INC.

**Current Principal Place of Business:**

972 WHITEWOOD DRIVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

972 WHITEWOOD DRIVE  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 26-0321235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLER, TERRISSA Z  
972 WHITEWOOD DRIVE  
DELTONA, FL 32725 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: HENDRICKSON, TINA M  
Address: 785 SOUTH CEDAR AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

Title: VP ( ) Delete  
Name: BERRAN, KATHY  
Address: 9 DOMINGO ROAD  
City-St-Zip: DELAND, FL 32724

Title: SEC ( ) Delete  
Name: KELLER, TERRISSA Z  
Address: 972 WHITEWOOD DRIVE  
City-St-Zip: DELTONA, FL 32725

**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:

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: TINA M HENDRICKSON

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date