

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003228

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** THE CANONICAL ORDER OF CHAPLAINS INC.

**Current Principal Place of Business:**

902 SPRING VALLEY ROAD  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

902 SPRING VALLEY ROAD  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 26-2310500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCOTT, DAVID D DR.  
902 SPRING VALLEY ROAD  
ALTAMONTE SPRINGS, FL 32714 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  
Name: SCOTT, DAVID D DR.  
Address: 902 SPRING VALLEY ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T  
Name: SCOTT, REBECCA C  
Address: 920 SPRING VALLEY ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP  
Name: TRAVIS, CHARLES DR.  
Address: 11152 OAK RIDGE DR. SO.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S  
Name: KENNEDY, GLORIA DR.  
Address: 744 MORAVON AVE.  
City-St-Zip: JACKSONVILLE, FL 32211

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: DAVID D. SCOTT

P

04/14/2010

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

\_\_\_\_\_  
Date