

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006282

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** UNITED CHAPLAIN OF FLORIDA MINISTRY, INC.

**Current Principal Place of Business:**

652 SW PRADO AVENUE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

652 SW PRADO AVENUE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 35-2344595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUEVARA, MARIBEL  
652 SW PRADO AVENUE  
PORT ST LUCIE, FL 34983 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: GUEVARA, MARIBEL MS  
Address: 652 SW PRADO AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete  
Name: ROSADO, PEDRO SR.  
Address: 265 NW COCONUT KEY WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S ( ) Delete  
Name: DIAZ, DORIS MS  
Address: 1041 SW CAIRO CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T ( ) Delete  
Name: SERRANO, ALBERTO SR.  
Address: 2818 SW ROSETTA STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VOC ( ) Delete  
Name: TORRES, FREDERICK E SR  
Address: 652 SW PRADO AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VOC ( ) Delete  
Name: CRESPO, JORGE SR  
Address: 1552 SE ROYAL GREEN CIRCLE /O-104  
City-St-Zip: PORT ST LUCIE, FL 34952

**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: MARIBEL GUEVARA

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date