2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010890

FILED Apr 13, 2009 Secretary of State

Entity Name: INTERNATIONAL FEDERAL CHRISTIAN CHAPLAINS, INC.

Current Principal Place of Business: New Principal Place of Business:

4940 HOFFNER AVE ORLANDO, FL 32812

Current Mailing Address: New Mailing Address:

PO BOX 817 650 SE CAPON TERRACE PORT SALERNO, FL 34992 PORT SAINT LUCIE, FL 34983

FEI Number: 80-0312003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TORRES, PEDRO J MEDERO, NANNETTE 323 SW. WINNACHEE DR. 684 SE

STUART, FL 34994 US WINTER HAVEN, FL 33880 US

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: NANNETTE MEDERO 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name: TORRES, PEDRO J Name: MEDERO, NANNETTE

Address: 323 SW. WINNACHEE DR. Address: 684 SE

City-St-Zip: STUART, FL 34994 City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete Title: () Change () Addition

 Name:
 SHEEHAN, SONIA E
 Name:

 Address:
 650 SE CAPON TER
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34983
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 SOTO, MARITZA
 Name:
 NUNEZ, WILLIAM

 Address:
 5540 NW E TORINO PKY, APT. 201
 Address:
 7465 RANCHERO ST

 City-St-Zip:
 PORT ST LUCIE, FL 34986
 City-St-Zip:
 ORLANDO, FL 32822

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: NANNETTE MEDERO P 04/13/2009