

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002713 (6)

1. Corporation Name

CHAPLAINS IN THE WORKPLACE, INC.

Principal Place of Business

Mailing Address

2053 75TH WAY NORTH
ST. PETERSBURG FL 33710

2053 75TH WAY NORTH
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1993

3a. Date of Last Report
02/10/1994

4. FEI Number
59-3188210

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, SHIELDS E
2053 75TH WAY NORTH
ST. PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Shields E. Moore

Jan. 18 1995

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCOB
NAME MOORE, SHIELDS E
STREET ADDRESS 2053 75 WAY N
CITY-ST-ZIP ST PETERSBURG FL 33710

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE BM
NAME PRICE, ANNE C
STREET ADDRESS 7999 3 AVE S
CITY-ST-ZIP ST PETERSBURG FL 33707

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE BM
NAME HAAR, ROBERT T
STREET ADDRESS 6810 13 AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~BM~~
NAME ~~PANNIN, DAVID D~~
STREET ADDRESS ~~7800 2ND AVE N~~
CITY-ST-ZIP ~~ST PETERSBURG FL~~

4.1 TITLE Change Addition
4.2 NAME BM
4.3 STREET ADDRESS DR. C. CURTIS HESS
4.4 CITY-ST-ZIP 1815 SAILFISH ROAD
South Pasadena, FL 33707

TITLE ~~BM~~
NAME ~~PHILLIPS, TIMOTHY~~
STREET ADDRESS ~~2505 US HWY 19N, BLDG 12, APT 144~~
CITY-ST-ZIP ~~CLEARWATER FL~~

5.1 TITLE Change Addition
5.2 NAME BM
5.3 STREET ADDRESS MICHAEL LUSKEY
5.4 CITY-ST-ZIP 4007 KENSINGTON AVE.
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME BM
6.3 STREET ADDRESS BILL HORNBECK, II
6.4 CITY-ST-ZIP 5338 FIRST AVE. N.
ST. PETERSBURG, FL 33710

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Shields E. Moore - Shields E. Moore 1-18-95 (813) 343-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number