

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002713 (6)

1. Corporation Name  
**CHAPLAINS IN THE WORKPLACE, INC.**



Principal Place of Business: 2053 75TH WAY NORTH ST. PETERSBURG FL 33710  
Mailing Address: 2053 75TH WAY NORTH ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 06/10/1993  
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business: 21 2053 75th Way North  
22 Suite, Apt. #, etc.  
23 City & State: St. Petersburg, FL  
24 Zip: 33710  
25 Country: Pinellas  
2a. Mailing Address: 26 2053 75th Way North  
27 Suite, Apt. #, etc.  
28 City & State: St. Petersburg, FL  
29 Zip: 33710  
30 Country: Pinellas

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

9. Name and Address of Current Registered Agent  
**MOORE, SHIELDS E**  
2053 75TH WAY NORTH  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, SHIELDS E	
STREET ADDRESS	2053 75 WAY N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, ANNE C	
STREET ADDRESS	7999 3 AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	HAAR, ROBERT T	
STREET ADDRESS	6810 13 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	BMD	<input type="checkbox"/> DELETE
NAME	HESS, C. C	
STREET ADDRESS	1815 SAILFISH ROAD	
CITY-ST-ZIP	SOUTH PASADENA FL	
TITLE	BMD	<input type="checkbox"/> DELETE
NAME	LUSKEY, MICHAEL	
STREET ADDRESS	4007 KENSINGTON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DBM	<input type="checkbox"/> DELETE
NAME	HORNBECK, II B	
STREET ADDRESS	5338 FIRST AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: *Shields E. Moore / Shields E. Moore / 2-3-96 / 813 / 343-5700*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)