

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

2a. Mailing Address

21 2053 75th Way North

26 2053 75th Way North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33710

25 Pinellas

29 33710

30 Pinellas

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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)