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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N93000002713

CHAPLAINS IN THE WORKPLACE, INC.

Principal Place of Business

Mailing Address

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90081 009 ****61.25

2053 75TH WAY N ST PETERSBURG FL 33710 US ST. PETERSBURG FL 33710								
<u> </u>	1 Place of Business	2a. Mailing Address	<u>.</u>		Date incorporated or Qualifed 06/10/1993			
21 Suite Ar	pt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For	
22	F1, 515.	27			59-3188210	Not	Applicable	
City & Si	tate	City & State			5. Certifcate of Status Desired	\$8.75 Ad Fee Red		
Zip	Country 25	Zip 30	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
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 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida.			82 83 84 the abov orized by Statutes	City	FL poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoin	85 Zip C	registered	
SIGNATUR	RE Signature, typed or printed name of registers	ad agent and title if applicable. (NOTE: Rec		nt signature requir	ed when reinstating) DATE	<u>i-199</u>	7	
12.	OF TOPICS AND BIRESTONS		13.		ADDITIONS/CHANGES TO OFFICERS ANI			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	MOORE, SHIELDS E		1.2 NAME					
STREET ADDRE				T ADDRESS				
CITY-ST-ZIP	OT TETETIODORO TE		1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE			\$nange		
NAME	PRICE, ANNE C		2.2 NAME					
STREET ADDRÉ	(1000 0 111			T ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL	□ DELETE	2.4 CITY-1	ST-ZIP -		Change	Addition	
TITLE	RM		S. I IIILE				_	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS.

CITY-ST-ZIP

CITY-ST-ZIP

CITY+ST-ZIP

HAAR, ROBERT T

ST PETERSBURG FL

1815 SAILFISH ROAD

SOUTH PASADENA FL

4007 KENSINGTON AVENUE

LUSKEY, MICHAEL

6810 13 AVE N

HESS, C. C

TAMPA FL

BMD

BMD

Addition

Addition

Addition

☐ Change

Change

Change