

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90040 018 ****61.25

DOCUMENT # N93000002713

1. Entity Name

CHAPLAINS IN THE WORKPLACE, INC.

Principal Place of Business

Mailing Address

2053 75TH WAY N
 ST PETERSBURG FL 33710
 US

2053 75TH WAY NORTH
 ST. PETERSBURG FL 33710-3843

2. Principal Place of Business

2053 75 WAY N.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg, FL

City & State

4. FEI Number

59-3188210

Applied For

Not Applicable

Zip

Country

33710

Pinellas

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE *DIR* Delete
 NAME **D MOORE, SHIELDS E**
 STREET ADDRESS **2053 75 WAY N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE *TREAS* Delete
 NAME **D PRICE, ANNE C**
 STREET ADDRESS **7999 3 AVE S**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE Delete
 NAME **BMD HESS, C. C**
 STREET ADDRESS **1815 SAILFISH ROAD**
 CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE Delete
 NAME **BMD LUSKEY, MICHAEL**
 STREET ADDRESS **4007 KENSINGTON AVENUE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

727 343 5700

SIGNATURE:

Shields E. Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shields E. Moore 1-22-00
 Date Daytime Phone #