

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90021 010 \*\*\*\*61.25

**DOCUMENT # N94000002287**

1. Entity Name

CHAF I, INC.



Principal Place of Business

2164-15 CIRCLE NORTH  
ST PETERSBURG FL 33713  
US

Mailing Address

2164-15 CIRCLE NORTH  
ST PETERSBURG FL 33713  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3242968

Applied For

Not Applicable

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

VALLARIO, D. ALLEN  
2164-15 CIRCLE NORTH  
SAINT PETERSBURG FL 33713

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **POWER, LEONA**  
STREET ADDRESS **170 FOREST AVENUE**  
CITY-ST-ZIP **LEXINGTON KY 40508**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **VALLARIO, D. ALLEN**  
STREET ADDRESS **2164 15TH CIRCLE NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **LESTINI, RICHARD**  
STREET ADDRESS **2164 15TH CIRCLE NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **ST** ☐ Change ☒ Addition  
NAME **Fred Smith**  
STREET ADDRESS **3451 30th Ave N**  
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **S** ☒ Delete  
NAME **BURPEE, JOHN**  
STREET ADDRESS **3325 66TH STREET NORTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D** ☐ Change ☒ Addition  
NAME **Idalmis Rodriguez**  
STREET ADDRESS **3859 Shore Acres Blvd. NE**  
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE **D** ☐ Delete  
NAME **KIRBY, BRIAN**  
STREET ADDRESS **205 CELLEYE VIEW DRIVE**  
CITY-ST-ZIP **RICHMOND KY 40475**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. Allen Vallario, President 3-12-04 727-337-1501**

Date

Daytime Phone #