

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

DOCUMENT # N94000002287

1. Entity Name

CHAF I, INC.



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

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



MOORE CR2E037 (11/03)

Principal Place of Business		Mailing Address	
2164-15 CIRCLE NORTH ST PETERSBURG FL 33713 US		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
6. Name and Address of Current Registered Agent			
VALLARIO, D. ALLEN 2164-15 CIRCLE NORTH SAINT PETERSBURG FL 33713			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City			
<b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	D POWER, LEONA 170 FOREST AVENUE LEXINGTON KY 40508	<input type="checkbox"/> Delete	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLARIO, D. ALLEN 2164 15TH CIRCLE NORTH SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESTINI, RICHARD 2164 15TH CIRCLE NORTH SAINT PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete	ST Fred Smith 3451 30th Ave N St. Petersburg, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURPEE, JOHN 3325 66TH STREET NORTH SAINT PETERSBURG FL 33710	<input checked="" type="checkbox"/> Delete	D Idalmis Rodriguez 3859 Shore Acres Blvd. NE St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, BRIAN 205 CELLEYE VIEW DRIVE RICHMOND KY 40475	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officer 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:

D. Allen Vallario, President 3-12-04 427-324-1521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #