

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002287

FILED
Feb 02, 2009
Secretary of State

Entity Name: CHAF I, INC.

Current Principal Place of Business:

2164-15 CIRCLE NORTH
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

2164-15 CIRCLE NORTH
ST PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 59-3242968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CULP, JON
Address: 5998 BAY LAKE DR W
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: P () Delete
Name: VALLARIO, D. ALLEN
Address: 2164 15TH CIRCLE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: ST () Delete
Name: SMITH, FRED
Address: 3451 30TH AVE. N
City-St-Zip: SAINT PETERSBURG, FL

Title: D () Delete
Name: HOFFMYER, GARY
Address: 6036 2 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: D () Delete
Name: SMITH, DONNA
Address: 3451 30TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CULP, JON
Address: 5998 BAY LAKE DR N
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. ALLEN VALLARIO

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date