

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90048 007 ****61.25

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1. Entity Name

MCC CHAPLAINCY, INC.



Principal Place of Business

**MANATTE COMMUNITY COLLEGE
CHAPEL
BRADENTON FL 34206**

Mailing Address

**PO BOX 1849
BRADENTON FL 34206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0622326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILPIN, JOSEPH A
6418 GLEN ABBEY LANE RIVER CLUB
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

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

**JOSEPH A. GILPIN, PRESIDENT
CHAIRMAN**

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

(NOTE: Registered Agent signature required when resigning)

2/24/2005

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GILPIN, JOSEPH A	
STREET ADDRESS	6418 GLEN ABBEY LANE RIVER CLUB	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARLAND, JUDY	
STREET ADDRESS	4301 RIVERVIEW BLVD	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, BARBARA	
STREET ADDRESS	3616 PINE POINT COURT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLSON, DON REV	
STREET ADDRESS	107 29TH ST. W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHAPPEL, CHARLOTTE	
STREET ADDRESS	1708 71ST ST. NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, DON REV.	
STREET ADDRESS	104-42nd ST. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JILL MARSHALL	
STREET ADDRESS	5101 Sunnydale Circle	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOSEPH A. GILPIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. GILPIN

Date

2/24/2005

Daytime Phone #

941-755-

3501