2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005452



INTERNA	TS CHAPLAINS OF HOPE & I ATIONAL NETWORK INC "A N		/E"					
Principal Place of Business 3540 SW 3RD ST, MELROSE PARK FT. LAUDERDALE, FL 33312 Mailing Address 3540 SW 3RD ST, MELRO FT, LAUDERDALE, FL 33312 FT, LAUDERDALE, FL 33312) to while the forth	EINI ETIN EENI EENI EENI EENI		- 54056	6863
2. Principal F		3. Mailing Address						
Suite, Apt.	handerdale	Suite, Apt. #, etc.	<u> </u>	04012004 C	hg:NP CR2E	037 (10/03)		
City & Stat	83312	City & State		4. FEI Number 65-064461	12		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of SI	tatus Desired 🔲	\$8.75 Addit	tional	
	6. Name and Address of Current Re			7. Name and Add	Iress of New Registered	Agent		
SHAWN	BARBARA MISSbolling	of the name	Name	•				
SHAWN BARBARA MISSbolling of the name 3540 SW 3RD ST. FT. LAUDERDALE, FL 33312 The state of the name Shawn The state of the name Shawn Shawn Shawn Shawn Shawn Shawn			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Code	,	
6. The above the obligation	named entity submits this statement for thitins of registered agent.	ne purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida. I an	m familiar with, a	and accept	
SIGNATURE	Vactor Barbare (Stoneburg, typed or printed name of registered agent and	Spars	E: Registered Agent signature requ		April	2004		
	2-6-motel chair or beautif cerea or addestron afteret and							
	Filing Fee is \$61.25		mpaign Financing		T	ck payable to	,	
·. <u>-2</u>	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Car		\$5.00 May Be Added to Fees	Make che Florida Depa			
10.	Due by May 1, 2004 OFFICERS AND DIRECT	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make che Florida Depa	ck payable to artment of Sta DIRECTORS IN	10	 ;-
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12. I hereby certify that the information supplied with this filling 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 it 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.

CITY-ST-ZIP

DEERFIELD BCH, FL 33342

Shaw

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90001 038 ****70.00