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Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001441 (2)

1. Corporation Name

C.H.A.P.S., INC.

Principal Place of Business

325 LEMON ST. E
TARPON SPRINGS FL 34689

Mailing Address

325 LEMON ST. E
TARPON SPRINGS FL 34689-4309



2. Principal Place of Business

21 P.O. Box 100 / 111 STATE ST

Suite, Apt. #, etc.

22

City & State

23 OLDSMAR FL

Zip

24 34677

Country

25 USA

2a. Mailing Address

26 P.O. 2072

Suite, Apt. #, etc.

27

City & State

28 TARPON SPRINGS FL

Zip

29 34689-2072

Country

30 USA

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3369130 Tax ID

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BUTCHER, RICHARD C
325 LEMON ST. E
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President - Director

NAME GERALD GABARDI

STREET ADDRESS 111 STATE ST

CITY-ST-ZIP OLDSMAR, FL 34677

TITLE VICE PRES. - Director

NAME DICK BLOCK

STREET ADDRESS 700 MAIN SAFETY HARBOUR FL.

CITY-ST-ZIP 34695

TITLE Program Coordinator Director

NAME DENNIS CAUDLE

STREET ADDRESS 1042 VIRGINIA ST

CITY-ST-ZIP DUNEDIN 34698 FL

TITLE JEFF MALONE

NAME Recording Sec. Director

STREET ADDRESS 3375 TARPON LK BLD.

CITY-ST-ZIP PALM HARBOR 34685

TITLE Public Relations Director

NAME KENN JENSEN

STREET ADDRESS 250 WESTLAKE RD

CITY-ST-ZIP PALM HARBOR 34684

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

813-887-1039

Date

Daytime Phone # 0088000

CR2E037 (9/96)