2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90025 004 ****70.00

DOCUMENT # N98000006359

1. Entity Name
THE CHRISTIAN CHAPLAIN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8214 N 19TH STREET TAMPA, FL 33604	8214 N 19TH STREET TAMPA, FL 33604

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3547001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTANA, LUZ M 4027 W. HENRY AVE TAMPA, FL 33614	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	T SANTANA, LUZ M 4027 W. HENRY AVE TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VELEZ, EVELYN P.O. BOX 15413 TAMPA, FL 336845413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ULLOA, MIGUEL 5828 SE 115 STREET BELLEVIEW, FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Luz M. Santana Luz M. Santana 3/24/08 – 813-931-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gen. President

ATTACHMENT 40052195

March 5, 2008

Document # N98000006359
Florida Dept. of state
Division of Corporation
Attn. Annual Report Dept.
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it my concern:
Enclosed we are sending our annual report of $61.25 for the current year 2008, and we are sending $8.75 for the Certificate of status desired for the cucent year and together are $70.00
Our document number is: N98000006359
Should you need additional information please address all correspondence to:
8214 North 19 Street
Tampa, Fl. 33604

Sincerily,

Luz M. Santana
Luz M. santana
President