

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006359

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE CHRISTIAN CHAPLAIN ASSOCIATION, INC.

Current Principal Place of Business:

8214 N 19TH STREET
TAMPA, FL 33604

New Principal Place of Business:

1511 FOWLER AVE.
SUITE-R
TAMPA, FL 33612

Current Mailing Address:

8214 N 19TH STREET
TAMPA, FL 33604

New Mailing Address:

1511 FOWLER AVE.
TAMPA, FL 33612

FEI Number: 59-3547001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTANA, LUZ M
4027 W. HENRY AVE
TAMPA, FL 33614 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: T () Delete
Name: SANTANA, LUZ M
Address: 4027 W. HENRY AVE
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: VELEZ, EVELYN
Address: P.O. BOX 15413
City-St-Zip: TAMPA, FL 336845413

Title: T () Delete
Name: ULLOA, MIGUEL
Address: 5828 SE 115 STREET
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MIGUEL, ULLOA
Address: 5828 SE. 115 ST.
City-St-Zip: BELLEVIEW, FL 34420

Title: T (X) Change () Addition
Name: PADILLA, JOSE
Address: P.O. BOX 15413
City-St-Zip: TAMPA, FL 336845413

Title: T (X) Change () Addition
Name: ROSARIO, LIBERTAD
Address: 6830 KINGGSTON DR
City-St-Zip: TAMPA, FL 33619

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: HECTOR L. CABRERA

P.R.

02/27/2009

Electronic Signature of Signing Officer or Director

Date