

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004495

1. Entity Name
A CHAPLAINCY TO SERVE, INC.



Principal Place of Business
**714 JACKSON ST. N.
ST. PETERSBURG, FL 33705**

Mailing Address
**714 JACKSON ST. N.
ST. PETERSBURG, FL 33705**



02052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, WILLIAM A
714 JACKSON ST. N.
ST. PETERSBURG, FL 33705**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NELSON, WILLIAM A REV
714 JACKSON ST N
SAINT PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
NELSON, EDNA G
4230 21ST ST N
SAINT PETERSBURG, FL 33714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALQUIST, REX
3500 5TH AVE N BX 15025
ST PETERSBURG, FL 33733**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KUCERA, PATRICIA REV
1444 S GUNDERSON AVE
BERWYN, IL 60402**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KUCERA, KEN REV
1444 S GUNDERSON AVE
BERWYN, IL 60402**

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1100000044629
02/11/04-80029-003 61.25

**DO NOT WRITE
IN THIS SPACE**

Edna G. Nelson **EDNA G. NELSON** (ST.) 2/5/04 727-528-3362