2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N99000004495

Entity Name: A CHAPLAINCY TO SERVE, INC.

Current Principal Place of Business:

714 JACKSON ST. N.
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

714 JACKSON ST. N.
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, WILLIAM A
714 JACKSON ST. N.
ST. PETERSBURG, FL 33705 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: P ( ) Delete
Name: NELSON, WILLIAM A REV
Address: 714 JACKSON ST N
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: ST ( ) Delete
Name: NELSON, EDNA G
Address: 4230 21ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D ( ) Delete
Name: ALQUIST, REX
Address: 3500 5TH AVE N BX 15025
City-St-Zip: ST PETERSBURG, FL 33733

Title: D ( ) Delete
Name: KUCERA, PATRICIA REV
Address: 1444 S GUNDERSON AVE
City-St-Zip: BERWYN, IL 60402

Title: D ( ) Delete
Name: KUCERA, KEN REV
Address: 1444 S GUNDERSON AVE
City-St-Zip: BERWYN, IL 60402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KUCERA, PATRICIA REV
Address: 1514 HULL AVE.
City-St-Zip: WESTCHESTER, IL 60154

Title: D (X) Change ( ) Addition
Name: KUCERA, KEN REV
Address: 1514 HULL AVE.
City-St-Zip: WESTCHESTER, IL 60154

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM A. NELSON P 07/05/2005
Electronic Signature of Signing Officer or Director — Date