

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003361

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**6121366073CC**

**Entity Name:** CHAPLAINS IN THE HANDS OF GOD, INC.

**Current Principal Place of Business:**

551 NE 23RD CIR  
APT 1  
OCALA, FL 34470

**Current Mailing Address:**

551 NE 23RD CIR  
APT 1  
OCALA, FL 34470 US

**FEI Number:** 01-0811304

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LOPEZ, MIGUEL A  
551 NE 23RD CIR  
APT 1  
OCALA, FL 34470 US

*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:** MIGUEL A LOPEZ

02/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOPEZ, MIGUEL A  
Address 551 NE 23RD  
APT 1  
City-State-Zip: Ocala FL 34470

Title S  
Name ESTRELLA, RUDEL  
Address 2522 DAVENPORT CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title T  
Name CABRERA, ANA M  
Address 551 NE 23RD CIR  
APT 1  
City-State-Zip: Ocala FL 34470

Title VP  
Name LOPEZ, JUAN O  
Address 2522 DAVENPORT CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIGUEL A LOPEZ

P.

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date