

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010816

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC2264025535**

**Entity Name:** CHAPLAINS INTERNATIONAL INSTITUTE OF HOPE INC.

**Current Principal Place of Business:**

5802 MAKOMA DR STE #2  
ORLANDO, FL 32839

**Current Mailing Address:**

5802 MAKOMA DR STE #2  
ORLANDO, FL 32839 US

**FEI Number: 80-4031301**

**Certificate of Status Desired: No**

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

RAMOS CELESTRIN, IVETTE  
5442 LAKE MARGARET DR #1314  
ORLANDO, FL 32812 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ROLAND, VICTOR  
Address 6925 KRESON OAKS  
City-State-Zip: ST LAKE LAND FL 33810

Title C  
Name MOLLETURO, FIDEL  
Address 2017 MERCY DR.  
City-State-Zip: ORLANDO FL 32808

Title P  
Name MOSS, GERALD  
Address 344 MAUDEHELEN ST  
City-State-Zip: APOPKA FL 32703

Title C  
Name DEATON, TONY  
Address P.O. BOX 581  
City-State-Zip: MOUNT DORA FL 32756

Title P,CEO  
Name IRIZARRY, MIGUEL  
Address 507 SABAL PALM CIR  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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 IRIZARRY**

**MR.**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date