

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000964

**FILED**  
**Jun 26, 2012**  
**Secretary of State**

**Entity Name:** HUMANITARIAN CHAPLAINS INTERNATIONAL CORP

**Current Principal Place of Business:**

3650 PINE OAK CIR  
107  
FORT MYERS, FL 33916

**New Principal Place of Business:**

117 CROSS STREET  
15  
SOMERVILLE, MA 02145

**Current Mailing Address:**

PO BOX 45036  
SOMERVILLE, MA 02145

**New Mailing Address:**

117 CROSS STREET  
15  
SOMERVILLE, MA 02145

FEI Number: 27-1789645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DA SILVA, JOAO J  
3650 PINE OAK CIR  
107  
FORT MYERS, FL 33916 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  
Name: DA SILVA, JOAO J  
Address: 117 CROSS STREET APT.#15  
City-St-Zip: SOMERVILLE, MA 02145

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: JOAO JOSE DA SILVA

P

06/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date