2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90272 008 ****61.25

DOCUMENT # N98000006510

1. Entity Name

SPECIAL MILITARY ACTIVE RETIRED TRAVEL CLUB, INC.

Principal Place of Business	Mailing Address
600 UNIVERSITY OFFICE PARK BLDG 1, SUITE A PENSACOLA FL 32504	600 UNIVERSITY OFFICE PARK BLDG 1, SUITE A PENSACOLA FL 32504

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 46-0380012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WORMAN, CELINA
600 UNIVERSITY OFFICE PARK
BLDG 1, SUITE A
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NSTD WORMAN, CELINA 600 UNIVERSITY BLVD. #1A PENSACOLA FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MTS Worman, Celina 600 University ofc Blvd #1A Pensacola Fl 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICE, HAROLD 600 UNIVERSITY OFC. BLVD. #1A PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Roberts, Jim 600 University ofc Blvd #1A Pensacola, FL 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, JIM 600 UNIVERSITY OFC BLVD #1A PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCK, Joe 600 University ofc Blvd #1A Pensacola, FL 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCK, JOE 600 UNIVERSITY OFC BLVD #1A PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Wheeler, John 600 University ofc Blvd #1A Pensacola, FL 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD PATE, JERRY 600 UNIVERSITY OFC BLVD #1A PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD Rice, Harrold 600 University ofc Blvd #1A Pensacola, FL 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Celina Worman 4/6/04 800-354-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #