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

DOCUMENT # N98000006510

1. Entity Name

Principal Place of Business

600 UNIVERSITY OFFICE PARK

SPECIAL MILITARY ACTIVE RETIRED TRAVEL CLUB, INC.

Mailing Address

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

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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORÉ CR2E037 (11/03)				
City & State	:	· · · · · · · · · · · · · · · · · · ·	City & State				4. FEI Number				
Zip	Country			, Zip Cou					8.75 Add ee Required		
	6. Name	and Address of Current	Registered Ag	1 Agent			7. Name and Address of New Registered Agent				
			Name	Name							
600	RMAN, CE UNIVERS G 1, SUIT	ITY OFFICE PARK	<u>.</u> , <u>.</u> .	Street	Street Address (P.O. Box Number is Not Acceptable)						
PENSAĆOLA FL 32504				City	•			FL	Zip Code		
	named entity ons of registe	submits this statement fo ered agent.	r the purpose o	f changing its re	egistered office	or register	red agent, or both, in	the State of Florid	da. Lamifa	amiliar with,	and accept
SIGNATURE -	Signature, typed o	or printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent sign	nature required	d when reinstating)		DATE		
ACCEPTANCE OF THE PROPERTY OF	A. 医中毒性肠炎 (1) A.	FEE IS \$61.25 May 1, 2004	9.	Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees			Payable ment of S	
10.	September 1979 and Albert 1979	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIR	ECTORS IN	10
TITLE CA	NSTD	'		Delete	TITLE	MI	5			Change	Addition
NAME -	WORMAN,	CELINA			NAME	WOI	rman, Celir	nA c -		ILIA	
STREET AUDITEDS		RSITY BLVD. #1A			STREET ADDRESS	الص	rman, celir Universit	y of D	LVCI	种厂件	
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143311	ROBERTS,		-		NAME		MARCK, J	<i>e</i>			
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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 sundiemental 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davine Phone #

FILED

Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90272 008 ****61.25