2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N98000006510

Entity Name: SPECIAL MILITARY ACTIVE RETIRED TRAVEL CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 46-0380012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WORMAN, CELINA
600 UNIVERSITY OFFICE PARK
BLDG 1, SUITE A
PENSACOLA, FL 32504 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:	MTS	( ) Delete
Name:	WORMAN, CELINA	
Address:	600 UNIVERSITY OFFICE BLVD. #1A	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	PD	( ) Delete
Name:	WHEELER, JOHN	
Address:	600 UNIVERSITY OFC. BLVD. #1A	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	VD	( ) Delete
Name:	SCOGIN, RALPH	
Address:	600 UNIVERSITY OFC BLVD #1A	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	VD	( ) Delete
Name:	STEPHENS, JEFF	
Address:	600 UNIVERSITY OFC BLVD #1A	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	PPD	( ) Delete
Name:	MARCK, JOSEPH	
Address:	600 UNIVERSITY OFC BLVD #1A	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CELINA WORMAN MTS 03/08/2007

Electronic Signature of Signing Officer or Director — Date