

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006510

FILED
Feb 01, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

600 UNIVERSITY OFFICE BLVD
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 BLVD
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: JEFF, STEPHENS
Address: 600 UNIVERSITY OFC. BLVD. #1A
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: MERLE, DODGE
Address: 600 UNIVERSITY OFC BLVD #1A
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: JIM, MIMS
Address: 600 UNIVERSITY OFC BLVD #1A
City-St-Zip: PENSACOLA, FL 32504

Title: PPD (X) Delete
Name: JOHN, WHEELER
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: PD (X) Change () Addition
Name: MERLE, DODGE
Address: 600 UNIVERSITY OFC. BLVD. #1A
City-St-Zip: PENSACOLA, FL 32504

Title: VD (X) Change () Addition
Name: JIM, MIMS
Address: 600 UNIVERSITY OFC BLVD #1A
City-St-Zip: PENSACOLA, FL 32504

Title: PPD (X) Change () Addition
Name: JEFF, STEPHENS
Address: 600 UNIVERSITY OFC BLVD #1A
City-St-Zip: PENSACOLA, FL 32504

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

I hereby certify that the information supplied with this filing does not qualify 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

02/01/2009

Electronic Signature of Signing Officer or Director

_____ Date