

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 12, 2010
Secretary of State

DOCUMENT# N98000006510

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:**WADE, MELISSA
600 UNIVERSITY OFFICE BLVD
BLDG 1, SUITE A
PENSACOLA, FL 32504 US

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: MELISSA WADE

10/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MTS
Name: WADE, MELISSA
Address: 600 UNIVERSITY OFFICE BLVD. #1A
City-St-Zip: PENSACOLA, FL 32504

Title: PD
Name: ECK, CHRISTIAN
Address: 600 UNIVERSITY OFC. BLVD. #1A
City-St-Zip: PENSACOLA, FL 32504

Title: VP
Name: WEIS, DAVID
Address: 600 UNIVERSITY OFC BLVD #1A
City-St-Zip: PENSACOLA, FL 32504

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

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: MELISSA WADE

MTS

10/12/2010

Electronic Signature of Signing Officer or Director

Date