

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007422

Entity Name: SERVING ORPHANS WORLDWIDE, INC.**Current Principal Place of Business:**2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331**Current Mailing Address:**2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331**FEI Number: 04-3614613****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	GREGORY, JOHN M
Address	340 MARTIAN LUTHER KING JR. BLVD
City-State-Zip:	BRISTOL TN 37620

Title	D, COO
Name	BAKER, RICHARD
Address	340 MARTIN LUTHER KING JR. BLVD
City-State-Zip:	BRISTOL TN 37620

Title	D
Name	LORENCY, DAVID
Address	114 STUART ROAD NE SUITE 370
City-State-Zip:	CLEVELAND TN 37312

Title	DIRECTOR
Name	FORBIS, SANDY
Address	3180 CARRIER STREET
City-State-Zip:	MEMPHIS TN 38116

Title	S
Name	GEORGE, BILL
Address	P.O. BOX 8016
City-State-Zip:	CLEVELAND TN 37320

Title	D
Name	SMITH, DONNIE
Address	P.O. BOX 2430
City-State-Zip:	BRISTOL TN 37320

Title	D
Name	GREGORY, SUSAN
Address	340 MARTIN LUTHER KING JR BLVD
City-State-Zip:	BRISTOL TN 37620

Title	DIRECTOR
Name	GARMON, FRED DR.
Address	4235 TL ROGERS STREET NE
City-State-Zip:	CLEVELAND TN 37312

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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: JOHN M GREGORY**PRESIDENT****01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARVER, HUGH
Address 4235 TL ROGERS STREET NE
City-State-Zip: CLEVELAND TN 37312

Title DIRECTOR
Name WILCOX, GLENN SR.
Address ONE WEST PARK SQUARE
SUITE 1700
City-State-Zip: ASHEVILLE NC 28801

Title DIRECTOR
Name KIM, JANG HWAN DR.
Address MPO BOX 88
City-State-Zip: SEOUL 121-707