

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007422

FILED
Jan 13, 2015
Secretary of State
CC4211517573

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: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 S
Name GEORGE, BILL
Address P.O. BOX 8016
City-State-Zip: CLEVELAND TN 37320

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

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

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

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

Continues on page 2

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 GREGORY

CHAIRMAN

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name EUBANKS, MARC
Address 731 FOX MEADOW LANE
City-State-Zip: BRISTOL VA 24202

Title DIRECTOR
Name ENDERS-STEVENS, ERICA
Address 1 RUE LA VILLE
City-State-Zip: NEW ORLEANS LA 70124

Title DIRECTOR
Name HARRIS, JASON
Address 528 DRAKE DRIVE
City-State-Zip: DOUGLAS GA 31538

Title DIRECTOR
Name BURCHFIELD, TIMOTHY
Address 4336 SUMMERFIELD ROAD
City-State-Zip: PINEY FLATS TN 37686