

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007422

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1686957476**

**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  
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

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

**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 M GREGORY**

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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