

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006764

**Entity Name:** OPERATION: CIGARS FOR WARRIORS, INC.**Current Principal Place of Business:**1797 S COLONIAL AVE  
HOMOSASSA, FL 34448**Current Mailing Address:**1797 S COLONIAL AVE  
HOMOSASSA, FL 34448 US**FEI Number: 80-0819684****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRACIA, JAIME  
1797 S COLONIAL AVE  
HOMOSASSA, FL 34448 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: JAIME GRACIA****03/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/C  
Name BOEN, J. T. STORM  
Address 4805 55TH ST.  
City-State-Zip: LUBBOCK TX 79414

Title VC  
Name TRONCOSO, JUSTIN  
Address 1525 SW 101ST WAY  
APT. 303  
City-State-Zip: PEMBROKE PINES FL 33025

Title COO  
Name ALLAN, ROBERT  
Address 1797 S COLONIAL AVE  
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR  
Name PREETORIUS, CHRIS  
Address 233 E LANGLEY BLVD  
City-State-Zip: UNIVERSAL CITY TX 78148

Title D/S  
Name DIBENEDETTO, ALAINE  
Address 5336 HOUSTON DR  
City-State-Zip: BATON ROUGE LA 70809

Title CFO  
Name GRACIA, JAIME  
Address 256 8TH ST SE  
City-State-Zip: WASHINGTON DC 20003

Title DIRECTOR  
Name FORD, MELISSA  
Address 471 HERITAGE LN  
City-State-Zip: JOHNSTOWN CO 80534

Title DIRECTOR  
Name COLLINS-FADELL, CARRIE  
Address 548 EAST SHERRI DRIVE  
City-State-Zip: GILBERT AZ 85296

**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: JAIME GRACIA****CFO****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	LORD, TRAVIS
Address	910 CHELSEA STREET
City-State-Zip:	EASTON PA 18045