

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001898

Entity Name: REWARD THE TROOPS, INC.**Current Principal Place of Business:**11928 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626**Current Mailing Address:**11928 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626**FEI Number:** 46-2223726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURKETT, THOMAS J
11928 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626 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	CHAIRMAN, CEO
Name	BURKETT, THOMAS J
Address	11928 ROYCE WATERFORD CIRCLE
City-State-Zip:	TAMPA FL 33626

Title	DIRECTOR
Name	BURKETT, FRANK S
Address	1744 SANTA BARBARA DRIVE
City-State-Zip:	DUNEDIN FL 34698

Title	SD
Name	BURKETT, DEBORAH L
Address	11928 ROYCE WATERFORD CIR
City-State-Zip:	TAMPA FL 33626

Title	TREASURER, DIRECTOR
Name	GUNDERSON, BRIAN
Address	24750 US HWY 19 SUITE 101
City-State-Zip:	CLEARWATER FL 33761

Title	DIRECTOR
Name	KARLE, BRYAN
Address	6023 BEACON SHORES DRIVE
City-State-Zip:	TAMPA FL 33616

Title	VC, DIRECTOR
Name	ROIX, SCOTT
Address	8733 SILVERTHORN ROAD
City-State-Zip:	LARGO FL 33777

Title	DIRECTOR
Name	SCHWARZKOPF, JESSICA
Address	1469 HARBOR WALK ROAD
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	BLAKE, TIMOTHY S
Address	6642 HOLLY HEATH DRIVE
City-State-Zip:	RIVERVIEW FL 33578

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: THOMAS J. BURKETT**CHAIRMAN****01/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VOGEL, VANCE
Address 17745 GULF BLVD.
204
City-State-Zip: REDINGTON SHORES FL 33708

Title DIRECTOR
Name SOLIE, LEONARD
Address 5003 ELBERON STREET
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name ALLARD, BRIAN DR.
Address 10592 MYRTLE OAK LANE
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name HERRON, JAMES JR.
Address 125 14TH STREET
City-State-Zip: BELLAIRE BEACH FL 33786