

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008834

**Entity Name:** ANTHONY T. STAFFORD CHAPTER # 10 HRAM, CORP.

**Current Principal Place of Business:**

85 NW 5TH AVE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

PO BOX 7602  
DELRAY BEACH, FL 33482 PB

**FEI Number:** 90-1014555

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, CEPHIS  
522 NE 2ND AVE  
DELRAY BEACH, FL 33483 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            T  
Name            WILSON, CEPHIS  
Address        522 NE 2ND AVE  
City-State-Zip: DELRAY BEACH FL 33444

*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:** CEPHIS WILSON

**TREASURER**

**06/09/2014**

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

\_\_\_\_\_ Date