2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000011108

Entity Name: ARMS WITH ETHICS FOUNDATION, INC.

FILED Sep 24, 2014 Secretary of State CC7461170690

Date

Current Principal Place of Business:

9480 BYRON AVENUE SURFSIDE. FL 33154

Current Mailing Address:

9480 BYRON AVENUE SURFSIDE. FL 33154 US

FEI Number: 46-3738235 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODS, CASEY 9480 BYRON AVENUE SURFSIDE, FL 33154 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: CASEY WOODS 09/24/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VP

NameWOODS, CASEYNameMURSULI, JORGEAddress9480 BYRON AVENUEAddress600 NE 97TH ST

City-State-Zip: SURFSIDE FL 33154 City-State-Zip: MIAMI SHORES FL 33138

Title SECRETARY Title TREASURER

Name HUGHES, LAURA Name O'DONNELL, MAURA

Address 60 EAST 8TH ST #8G Address 5900 COLLINS AVENUE, APT 1607

City-State-Zip: NEW YORK NY 10003 City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR Title DIRECTOR

Name MARQUEZ-STERLING, GUILLERMO Name THOMPKINS, TOBY

Address 2665 S.BAYSHORE DRIVE, SUITE 800 Address 3665 S.BAYSHORE DRIVE, SUITE 800

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR

Name MINKIN, GLENDA

Address 36 DELTA PLACE

City-State-Zip: ATLANTA GA 30307

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: CASEY WOODS PRESIDENT 09/24/2014

Electronic Signature of Signing Officer/Director Detail

Date