

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

DOCUMENT# N14000001281

**Entity Name:** ARMS WITH ETHICS IN ACTION, INC.

**Current Principal Place of Business:**

9480 BYRON AVENUE  
SURFSIDE, FL 33154

**Current Mailing Address:**

9480 BYRON AVENUE  
SURFSIDE, FL 33154 US

**FEI Number:** 46-5717409

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D,C  
Name WOODS, CASEY  
Address 9480 BYRON AVENUE  
City-State-Zip: SURFSIDE FL 33154

Title D, VC  
Name MURSULI, JORGE  
Address 5781 BISCAYNE BLVD, #704  
City-State-Zip: MIAMI FL 33137

Title D,T  
Name BARBOT, CANDACE  
Address 2526 ADAMS STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title D,S  
Name MINKIN, SAMARA  
Address 315 CENTRAL PARK WEST  
City-State-Zip: NEW YORK NY 10025

*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**

**01/24/2017**

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

\_\_\_\_\_  
Date