

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

DOCUMENT# N16000003956

**Entity Name:** THE SURVIVER COALITION CORPORATION

**Current Principal Place of Business:**

20283 STATE ROAD 7,  
SUITE 300  
BOCA RATON, FL 33498-6903

**Current Mailing Address:**

20283 STATE ROAD 7,  
SUITE 300  
BOCA RATON, FL 33498-6903 US

**FEI Number:** 81-2505610

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY, 4TH FLOOR  
MIAMI, FL 33145 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 P  
Name LOUDEN, SARAH  
Address 20283 STATE ROAD 7,  
SUITE 300  
City-State-Zip: BOCA RATON FL 33498-6903

Title V  
Name CAPPAS, EVA  
Address 20283 STATE ROAD 7,  
SUITE 300  
City-State-Zip: BOCA RATON FL 33498-6903

Title S  
Name HINCKLEY, JOSEPH  
Address 20283 STATE ROAD 7,  
SUITE 300  
City-State-Zip: BOCA RATON FL 33498-6903

*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:** JOSEPH HINCKLEY

S

01/30/2017

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

\_\_\_\_\_  
Date