

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

DOCUMENT# N16000008351

**Entity Name:** SOLDIERS FOR A CURE, INC.

**Current Principal Place of Business:**

701 PROMENADE DR. #204  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

701 PROMENADE DR. #204  
PEMBROKE PINES, FL 33026 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GRIGGS, SOPHIA  
701 PROMENADE DR. #204  
PEMBROKE PINES, FL 33026 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 GERVAIS, DELPHINE  
Address 701 PROMENADE DR. #204  
City-State-Zip: PEMBROKE PINES FL 33026

Title T  
Name GRIGGS, SOPHIA  
Address 701 PROMENADE DR. #204  
City-State-Zip: PEMBROKE PINES FL 33026

Title S  
Name JULES, BRUNETTE  
Address 701 PROMENADE DR. #204  
City-State-Zip: PEMBROKE PINES FL 33026

Title D  
Name DANIEL, ANSE  
Address 701 PROMENADE DR. #204  
City-State-Zip: PEMBROKE PINES FL 33026

Title VP  
Name LOUBEAU, DIANA  
Address 701 PROMENADE DR. #204  
City-State-Zip: PEMBROKE PINES FL 33026

Title D  
Name OBNIS, RACHEL  
Address 701 PROMENADE DR. #204  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** SOPHIA GRIGGS

**TREASURER**

**04/05/2017**

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

\_\_\_\_\_  
Date