

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002247

**Entity Name:** S E D R A INC.

**Current Principal Place of Business:**

C/O CAREN J. STAUFFER  
181 RIVERWOODS DR  
CHULUOTA, FL 32766

**Current Mailing Address:**

C/O CAREN J. STAUFFER  
181 RIVERWOODS DR  
CHULUOTA, FL 32766

**FEI Number:** 59-3637533

**Certificate of Status Desired:** No

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

STAUFFER, CAREN  
181 RIVERWOODS DR  
CHULUOTA, FL 32766 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 PD  
Name GREENLEAF, LEAH  
Address 12051 SE 55TH AVE STREET  
City-State-Zip: BELLEVIEW FL 34220

Title TD  
Name STAUFFER, CAREN  
Address 181 RIVERWOODS DR  
City-State-Zip: CHULUOTA FL 32766

Title ASD  
Name THOMPSON, CAROL  
Address 3715 PENNSYLVANIA AVE  
City-State-Zip: MIMS FL 32754

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:** CAREN STAUFFER

**TREASURER**

**01/21/2015**

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

\_\_\_\_\_  
Date