

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

DOCUMENT# F08000004741

**Entity Name:** WOUNDED WARRIOR PROJECT, INC.**Current Principal Place of Business:**4899 BELFORT ROAD  
SUITE 300  
JACKSONVILLE, FL 32256**Current Mailing Address:**4899 BELFORT ROAD  
SUITE 300  
JACKSONVILLE, FL 32256 US**FEI Number:** 20-2370934**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 CHIEF EXECUTIVE OFFICER  
Name LINNINGTON, MICHAEL  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title BOARD CHAIR, DIRECTOR  
Name ORDIERNO, ANTHONY K.  
Address 370 7TH AVENUE  
SUITE 1802  
City-State-Zip: NEW YORK NY 10001

Title VC  
Name CAMPBELL, ROGER C.  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name CONSTANTINE, JUSTIN  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name FISHER, KENNETH  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name TRYON, RICHARD T.  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF FINANCIAL OFFICER  
Name BURGESS, RONALD W.  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF DEVELOPMNT OFFICER  
Name CORLESS, GARY  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

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*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: ROGER CAMPBELL****VICE CHAIRMAN****04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF PROGRAMS OFFICER  
Name SILVA, JENNIFER  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name WOODSON, JONATHAN  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name GARCIA, JUAN  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY, VP  
Name ALLRED, AMBER  
Address 4899 BELFORT ROAD  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256