

2016 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	CEO
Name	NARDIZZI, STEVEN
Address	4899 BELFORT ROAD SUITE 300
City-State-Zip:	JACKSONVILLE FL 32256

Title	CHAIRMAN OF THE BOARD, DIRECTOR
Name	ORDIERNO, ANTHONY
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	JONES , RICHARD M
Address	4899 BELFORT ROAD SUITE 300
City-State-Zip:	JACKSONVILLE FL 32256

Title	CHIEF OPERATING OFFICER
Name	GIORDANO, ALBION
Address	4899 BELFORT ROAD SUITE 300
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY, DIRECTOR
Name	CAMPBELL, ROGER
Address	4899 BELFORT ROAD SUITE 300
City-State-Zip:	JACKSONVILLE FL 32256

Title	VICE CHAIR OF THE BOARD, DIRECTOR
Name	MCMICHAEL, GUY H III
Address	4899 BELFORT ROAD SUITE 300
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	NARDELLI , ROBERT L
Address	4899 BELFORT ROAD SUITE 300
City-State-Zip:	JACKSONVILLE FL 32256

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**SECRETARY****04/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date