


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 728857 1. Entity Name SONS AND DAUGHTERS, PEARL HARBOR SURVIVORS, INC.	
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Principal Place of Business P.O. BOX 500247 SAN DIEGO, CA 92150-0247 US	Mailing Address P.O. BOX 500247 SAN DIEGO, CA 92150-0247 US
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02252007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 23-7419252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIKES, SANDRA G 1168 KNOLL DR W JACKSONVILLE, FL 32221
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDEFER, LEE C 15752 CAMINITO ATICO SAN DIEGO, CA 921283357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARELA, KARLA J 5 MARQUEZ RD LOS LUNAS, NM 87031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NICHOLSON, PAMELA S 2897 GINGERWOOD CIR FULLERTON, CA 92835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, MARY ELLEN 5903 ARBOR RD LAKEWOOD, CA 90713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000652701 03/12/07-90029-005 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lee C Sandefer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2007 858.385.1258
Date Daytime Phone