

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728857

FILED
Mar 23, 2009
Secretary of State

Entity Name: SONS AND DAUGHTERS, PEARL HARBOR SURVIVORS, INC.

Current Principal Place of Business:

P.O. BOX 500247
SAN DIEGO, CA 921500247 US

New Principal Place of Business:

1168 KNOLL DRIVE W.
JACKSONVILLE, FL 322216134 US

Current Mailing Address:

P.O. BOX 500247
SAN DIEGO, CA 921500247 US

New Mailing Address:

1168 KNOLL DRIVE W.
JACKSONVILLE, FL 322216134 US

FEI Number: 23-7419252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIKES, SANDRA G
1168 KNOLL DR W
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANDEFER, LEE C
Address: 15752 CAMINITO ATICO
City-St-Zip: SAN DIEGO, CA 921283357

Title: DVP () Delete
Name: SIKES, SANDRA G
Address: 1168 KNOLL DR W
City-St-Zip: JACKSONVILLE, FL 32221

Title: DT () Delete
Name: NICHOLSON, PAMELA S
Address: 2897 GINGERWOOD CIR
City-St-Zip: FULLERTON, CA 92835

Title: DS () Delete
Name: SMITH, MARY ELLEN
Address: 5903 ARBOR RD
City-St-Zip: LAKEWOOD, CA 90713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SIKES, SANDRA G
Address: 1168 KNOLL DRIVE W.
City-St-Zip: JACKSONVILLE, FL 322216134 US

Title: DVP (X) Change () Addition
Name: LARGE, LOUELLA M
Address: 7514 LINCOLN ST. SE.
City-St-Zip: EAST CANTON, OH 447309564 US

Title: DT (X) Change () Addition
Name: SANDEFER, LEE C
Address: 15752 CAMINITO ATICO
City-St-Zip: SAN DIEGO, CA 921283357 US

Title: DS (X) Change () Addition
Name: KELLEY, DEIDRE S
Address: 85034 ROSE MARIE RD.
City-St-Zip: YULEE, FL 32097 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEE C. SANDEFER

DT

03/23/2009

Electronic Signature of Signing Officer or Director

Date