

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000338

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE AMERICAN SOCIETY FOR THE SUPPORT OF INJURED SURVIVORS OF TERRORISM, INC.

Current Principal Place of Business:

4371 DINNER LAKE BLVD
LAKE WALES, FL 338592135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 545
WINTER HAVEN, FL 338820545

New Mailing Address:

4371 DINNER LAKE BLVD
LAKE WALES, FL 338592135

FEI Number: 74-3105097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, WORLEY L
4371 DINNER LAKE BLVD
LAKE WALES, FL 33859 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: DPT () Delete
Name: REED, WORLEY L DPT
Address: 4371 DINNER LAKE BLVD
City-St-Zip: LAKE WALES, FL 33859

Title: DV () Delete
Name: PRESSLEY, FRANK
Address: 11197 NW 70 CT.
City-St-Zip: PARKLAND, FL 33076

Title: DV () Delete
Name: BOMER, DONALD
Address: 111 CIRCLE DRIVE
City-St-Zip: WIMBERLY, TX 78676

Title: DS () Delete
Name: SMITH, TIM
Address: 14214 CROSLEY
City-St-Zip: REDFORD, MI 48239

Title: DV () Delete
Name: BOMER, ELLEN
Address: 111 CIRCLE DRIVE
City-St-Zip: WIMBERLY, TX 78676

Title: DV () Delete
Name: ROGERS, LOUISE
Address: 8685 ZIRCON LANE
City-St-Zip: ROME, NY 13440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WORLEY L REED

DPT

03/23/2009

Electronic Signature of Signing Officer or Director

Date