2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# F04000000338

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:

4371 DINNER LAKE BLVD
LAKE WALES, FL 338592135

New Mailing Address:

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

Title: DV
Name: PRESSLEY, FRANK
Address: 330 MANCHESTER LN
City-St-Zip: AUSTIN, TX 78737

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

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

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

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

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: WORLEY LEE REED DPT 01/10/2012

Electronic Signature of Signing Officer or Director Date