

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90024 020 ****61.25

DOCUMENT # F05000002747

1. Entity Name
**TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS,
INC. (TAPS)**



Principal Place of Business

**910 17TH ST NW
SUITE 800
WASHINGTON, DC 20009- 20006**

Mailing Address

**910 17TH ST NW
SUITE 800
WASHINGTON, DC 20009- 20006**



02072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0152268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2008**

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
**CDP
CARROLL, BONNIE
910 17TH NW SUITE ~~8010~~ 800
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SUDNICK, DANIEL
910 17TH NW SUITE ~~8010~~ 800
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
MATHEWSON, JUDITH
910 17TH NW SUITE ~~8010~~ 800
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
~~SNYDER, BRADLEY~~ Snyder, Bradley
910 17TH NW SUITE ~~8010~~ 800
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
~~DOLAN, JANE~~ Mills, Timothy
910 17TH NW SUITE ~~8010~~ 800
WASHINGTON, DC 20006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUTTER, SCOTT
910 17TH NW SUITE ~~8010~~ 800
WASHINGTON, DC 20006**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/08 *202 457 8277*