

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004741

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** WOUNDED WARRIOR PROJECT, INC.

**Current Principal Place of Business:**

7020 A.C. SKINNER PARKWAY., STE 100  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

4899 BELFORT ROAD  
SUITE 300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

C/O CHARLES H. NAVE, PC 333 CHURCH AVE, SW  
ROANOKE, VA 24016 50

**New Mailing Address:**

FEI Number: 20-2370934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NARDIZZI, STEVEN  
7020 A.C. SKINNER PARKWAY., STE 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

NARDIZZI, STEVEN  
4899 BELFORT ROAD  
SUITE 300  
JACKSONVILLE, FL 32256 US

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:

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: NARDIZZI, STEVEN  
Address: 4899 BELFORT ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD  
Name: HALFAKER, DAWN  
Address: 4899 BELFORT ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD  
Name: PRINCIPI, ANTHONY  
Address: 4899 BELFORT ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DED  
Name: GIORDANO, ALBION  
Address: 4899 BELFORT ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD  
Name: ORDIERNO, ANTHONY  
Address: 4899 BELFORT ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: ABELL, CHARLES S  
Address: 4899 BELFORT ROAD, SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

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: STEVEN NARDIZZI

ED

03/21/2012

Electronic Signature of Signing Officer or Director

Date