

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90086 001 \*\*\*\*61.25

**DOCUMENT # F95000003915**

1. Entity Name  
AMERICANS FOR FINANCIAL SECURITY, INC.



Principal Place of Business  
3801 WILLIAM D TATE #800  
GRAPEVINE, TX 76051 US

Mailing Address  
3801 WILLIAM D TATE #800  
GRAPEVINE, TX 76051 US

**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
52-1780278

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PASQUALE, MARIO J  
STREET ADDRESS 25443 S. SPRINGCREEK RD  
CITY-ST-ZIP SUNLAKES, AZ

TITLE TSD  
NAME COFFELT, DONALD W  
STREET ADDRESS 1701 HERMANN DRIVE #1301  
CITY-ST-ZIP HOUSTON, TX 77004

TITLE P  
NAME GRANDA, ART  
STREET ADDRESS 208 SCHOOL ROAD  
CITY-ST-ZIP GREER, SC 29652

TITLE AS  
NAME WOLFE, RALPH  
STREET ADDRESS 3801 WILLIAM D TATE #800  
CITY-ST-ZIP GRAPEVINE, TX 76051

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-5-05

Date

817-  
310-4200

Daytime Phone #