

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006396

Entity Name: THE VALOR FOUNDATION, INC.

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

1101 HILLCREST DRIVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1101 HILLCREST DRIVE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 58-1839448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, INC.
1700 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 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: CPC () Delete
Name: TOBIN, HERBERT A
Address: 1101 HILLCREST DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: DAVIDSON, JULIA
Address: 1101 HILLCREST DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: SED () Delete
Name: MOORE, DOROTHY
Address: 1101 HILLCREST DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: DEARIAS, LILLIAN
Address: 1101 HILLCREST DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: HARWIN, CARY C
Address: 1101 HILLCREST DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: TOBIN, FRANCINE
Address: 1101 HILLCREST DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 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: H TOBIN

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date