

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006360
 1. Entity Name
 SPECIAL OPERATIONS WARRIOR FOUNDATION, INC.



Principal Place of Business: 2909 W. BAY TO BAY, SUITE 404 TAMPA, FL 33629
 Mailing Address: PO BOX 14385 TAMPA, FL 33629



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-1183585 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARNEY, JOHN T
 2909 W. BAY TO BAY BLVD., SUITE 404
 TAMPA, FL 33629

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000033977
 02705704-80065-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STINER, CARL W
STREET ADDRESS	294 SAWTH VILLAGE LN.
CITY-ST-ZIP	LA FOLLETTE, TN 37766
TITLE	D
NAME	BEITLER, STEPHEN
STREET ADDRESS	272 EAST DEERPATH, SUITE 304
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	D
NAME	LAMPE, MICHAEL
STREET ADDRESS	3407 FORREST RIDGE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DP
NAME	CARNEY, JOHN T
STREET ADDRESS	2805 NORTHPOINTE LANE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	S
NAME	LEVERE, DAVID
STREET ADDRESS	858 FENNIMORE
CITY-ST-ZIP	LARCHMONT, NY 10538
TITLE	T
NAME	KINGSTON, ELAINE'S
STREET ADDRESS	5890 HERON PARK PLACE
CITY-ST-ZIP	LITHIA, FL 33547

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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: John T. Carney Jr John T. CARNEY JR 1-30-04 813-805-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #