

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006360

FILED
Jan 05, 2007
Secretary of State

Entity Name: SPECIAL OPERATIONS WARRIOR FOUNDATION, INC.

Current Principal Place of Business:

4409 EL PRADO BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

PO BOX 13483
TAMPA, FL 33681

New Mailing Address:

FEI Number: 52-1183585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARNEY, JOHN T
4409 EL PRADO BLVD
TAMPA, FL 33629 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: C () Delete
Name: STINER, CARL W
Address: 294 SOUTH VILLAGE LN.
City-St-Zip: LA FOLLETTE, TN 37766

Title: D () Delete
Name: BEITLER, STEPHEN
Address: 156 LAKEWOOD PLACE
City-St-Zip: HIGHLAND PARK, IL 60035

Title: D () Delete
Name: LAMPE, MICHAEL
Address: 5123 SOUTH LINCOLN WAY
City-St-Zip: SPOKANE, WA 99224

Title: DP () Delete
Name: CARNEY, JOHN T
Address: 2805 NORTHPOINTE LANE
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: LEVERE, DAVID
Address: 858 FENNIMORE
City-St-Zip: LARCHMONT, NY 10538

Title: T () Delete
Name: RONE, WILLIAM S
Address: 2704 SUNRUNNER LANE
City-St-Zip: GULF BREEZE, FL 32563

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN T. CARNEY JR.

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

Date