

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006360

FILED
Jan 04, 2011
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 ()**

Name and Address of Current Registered Agent:

CARNEY, JOHN T PRESIDE
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
Name: STINER, CARL W CHAIRMA
Address: 294 SOUTH VILLAGE LN.
City-St-Zip: LA FOLLETTE, TN 37766 US

Title: ED
Name: MCLEARY, STEVEN L EXEC. D
Address: 6938 COHASSET CIRCLE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D
Name: NORRAD, WILLIAM G DIRECTO
Address: 7733 WHITE SANDS BLVD.
City-St-Zip: NAVARRE BEACH, FL 32566 US

Title: P
Name: CARNEY, JOHN T PRES.
Address: 2805 NORTHPOINTE LANE
City-St-Zip: TAMPA, FL 33611 US

Title: S
Name: ARTHUR, THOMAS D SEC.
Address: 1700 S. MACDILL AVE. STE 340
City-St-Zip: TAMPA, FL 33629 US

Title: T
Name: RONE, WILLIAM S TREAS.
Address: 2704 SUNRUNNER LANE
City-St-Zip: GULF BREEZE, FL 32563 US

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 L. MCLEARY

EXEC

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date