

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005952

FILED
Sep 14, 2004
Secretary of State

Entity Name: SCHOOL SUPPLIES FOR AFGHANISTAN, INC.

Current Principal Place of Business:

781 ALEXANDER AVENUE
DELTONA, FL 32725

New Principal Place of Business:

481 ALEXANDER AVENUE
DELTONA, FL 32725

Current Mailing Address:

PO BOX 4036
ENTERPRISE, FL 32725

New Mailing Address:

FEI Number: 47-0879468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGSDALE, CARY
481 ALEXANDER AVENUE
DELTONA, FL 32725 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: PD () Delete
Name: RAGSDALE, CARY
Address: 481 ALEXANDER AVENUE
City-St-Zip: DELTONA, FL 32725

Title: VD () Delete
Name: RAGSDALE, BARRY
Address: 225 RIDGE ROAD
City-St-Zip: BIRMINGHAM, AL 35209

Title: TSD () Delete
Name: HOLLOWAY, JANICE
Address: 481 ALEXANDER AVENUE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: SHAFI, SOPHIA
Address: 13524 OSAGE ORANGE RD.NE
City-St-Zip: ALBUQUERQUE NT, NM 87111

Title: D () Delete
Name: SHEPPARD, NANCEY
Address: 226 MARTINS LANE
City-St-Zip: MEDIA, PA 19063

Title: D () Delete
Name: RAGSDALE, RUTHE
Address: 2185 KEYLIME DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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 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: CARY RAGSDALE

PRES

09/14/2004

Electronic Signature of Signing Officer or Director

Date