

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000404

DOCUMENT # N02000005952

1. Entity Name

SCHOOL SUPPLIES FOR AFGHANISTAN, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 SEP 11 AM 10:46

Principal Place of Business

1623 SILK TREE CIRCLE  
SANFORD FL 32773

Mailing Address

POST OFFICE BOX 952633  
LAKE MARY FL 32795-2633

2. Principal Place of Business

481 Alexander Avenue  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 4036  
Suite, Apt. #, etc.

City & State

Deltona FL  
Zip 32725 Country USA

City & State

Enterprise FL  
Zip 32725 Country USA

4. FEI Number

47-0879468

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAGSDALE, CARY  
1623 SILK TREE CIRCLE  
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name Ragsdale, Cary  
Street Address (P.O. Box Number is Not Acceptable)  
481 Alexander Avenue  
City Deltona FL Zip Code 32725

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

*Cary Ragsdale*

9/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000022944780

09/11/03 - 01008 - 005

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	RAGSDALE, CARY	
STREET ADDRESS	1623 SILK TREE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VDD	<input type="checkbox"/> Delete
NAME	RAGSDALE, BARRY	
STREET ADDRESS	1888 LAKE RIDGE ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35216	
TITLE	TDD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, JANICE	
STREET ADDRESS	1623 SILK TREE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, SUSAN	
STREET ADDRESS	1501 IVY ROAD	
CITY-ST-ZIP	POINT PLEASANT NJ 08742	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, NANCEY	
STREET ADDRESS	226 MARTINS LANE	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGSDALE, RUTHE	
STREET ADDRESS	2185 KEYLIME DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	481 Alexander Avenue	
STREET ADDRESS	Deltona FL 32725	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 Ridge Road	
STREET ADDRESS	Birmingham AL 35209	
CITY-ST-ZIP	Birmingham AL 35209	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	481 Alexander Avenue	
STREET ADDRESS	Deltona FL 32725	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sophia Shafi	
STREET ADDRESS	13524 Osage Orange Rd NE	
CITY-ST-ZIP	Albuquerque NM 87111	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betzaida Martinez	
STREET ADDRESS	3538 Fox Hollow Drive	
CITY-ST-ZIP	Orlando FL 32829	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yussess Mora	
STREET ADDRESS	4204 Kildaire Avenue	
CITY-ST-ZIP	Orlando FL 32812	

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:

*Cary Ragsdale*

9/8/03

386-860-5664

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date Daytime Phone #

CR2E037 (4/03)