

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N02000007212

1. Entity Name
RESILIENCY FOR ACTION & SUCCESS INC.



Principal Place of Business
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

Mailing Address
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

FILED
Apr 07, 2004 08:00 AM
Secretary of State



03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1658612 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARNWINE, PATRICK O
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

**DO NOT WRITE
IN THIS SPACE**

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

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

(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

000000105331
04/07/04-B0022-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	ARNWINE, PATRICK O
STREET ADDRESS	2624 SHARPSBURG CT
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	JOHNSON, ANGELA D
STREET ADDRESS	5462 MARSLA LN
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	MATHIS, JOEL D
STREET ADDRESS	308 ISLAND GREEN DRIVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 (904) 502-8036

Date

Daytime Phone #