2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2004 8:00 am Secretary of State 04-14-2004 90019 027 ****61.25

DOCUMENT # N0300004018 1. Entry Name SPECIAL FORCES SURVIVOR FUND CORP						20012	 -	
Principal Place of Business 6911 GREENHILL PLACE TEMPLE TERRACE, FL 33617 US Mailing Address 6911 GREENHILL PLACE TEMPLE TERRACE, FL 3				US	i Parkiet Err av 19	r 1871 i Russ sulli liber ausli 67		
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04122004 CI	hg-NP CR2	E037 (10/03)	
City & State	8	City & State	resignation approximate	4. FEI Number	003 885		plied For	
Zip	Country	Country Zip Co		ntry	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ROGERS, RHONDA L 6911 GREENHILL PLACE TEMPLE TERRACE, FL 33617				Name Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Code	В
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 Trust Fund Contrib					\$5.00 May Be Added to Fees		eck payable to partment of St	
10,	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICERS AN	DIRECTORS IN	10
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DILE		☐ Delete	ME		· _		Change	Addition
STREET ADDRESS				et address				
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the ever	ST-ZIP	ction 119 07/21/21 El-	orida Statutos I fueba-	cortife that the	formation
12. I hereby certify that the information supplied with this filling 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 eath; 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: KONDO A KONDO RA 4/12/04813-928-1885								

Rhonda L Rogers