

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90032 024 ****70.00

DOCUMENT # N04000000454 1. Entity Name SEMPER FIDELIS AMERICA, INC.					
Principal Place of Business 4416 USHER AVENUE ORLANDO, FL 32822			Mailing Address 4416 USHER AVENUE ORLANDO, FL 32822		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2681127	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MURPHY, JOHN 4416 USHER AVENUE ORLANDO, FL 32822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JOHN <input type="checkbox"/> Delete 4416 USHER AVE ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALMODOVAR, HARRY <input type="checkbox"/> Delete 336 ALISON DAPHNE CIRCLE ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GATEWOOD, BONNIE <input type="checkbox"/> Delete 7275 GRISSOM PKWY COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Linda Owens <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7842 Edgelake Drive Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GATEWOOD, LEO <input type="checkbox"/> Delete 7275 GRISSOM PARKWAY COCOA, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frank Shepherd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18203 15th Avenue Orlando, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			4-20-08 (321) 303-1039		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		