

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000585

FILED
Jun 16, 2009
Secretary of State

Entity Name: HONOR GUARD TRAINING INSTITUTE, INC.

Current Principal Place of Business:

1777 MAIN STREET
STE. 500
SARASOTA, FL 34243

New Principal Place of Business:

1777 MAIN STREET
STE. 500
SARASOTA, FL 34236

Current Mailing Address:

1777 MAIN STREET
STE. 500
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-2188013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EASTMOORE, THEODORE C
1777 MAIN STREET
STE. 500
SARASOTA, FL 342365841 US

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: MR () Delete
Name: COFFIN, JAMES S
Address: 5727 FORESTER PINE CT
City-St-Zip: SARASOTA, FL 34243 US

Title: MR () Delete
Name: DORSEY, RON
Address: 5727 FORESTER PINE CT
City-St-Zip: SARASOTA, FL 34243 US

Title: MR () Delete
Name: DOTSON, GARY
Address: 5727 FORESTER PINE CT
City-St-Zip: SARASOTA, FL 34243 US

Title: MR () Delete
Name: FERGUSON, RON
Address: 5727 FORESTER PINE CT
City-St-Zip: SARASOTA, FL 34243 US

Title: MR () Delete
Name: EASTMOORE, THEODORE
Address: 1777 MAIN ST. STE 500
City-St-Zip: SARASOTA, FL 34236 US

Title: MR () Delete
Name: CHAMBERS, BART
Address: 5727 FORESTER PINE CT
City-St-Zip: SARASOTA, FL 34243 US

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
Name:
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 exemption stated 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 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: THEODORE C EASTMOORE

MR

06/16/2009

Electronic Signature of Signing Officer or Director

Date