

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000002995

Entity Name: ARMED SERVICES FAMILY TRUST, INC.

Current Principal Place of Business:

820 E. PARK AVE., STE. E-100
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

820 E. PARK AVE., STE. E-100
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2574402 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:

WILLIAMS, ISAAC
820 E. PARK AVE., STE. E-100
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: CARREKER, ALPHONSO
Address: 5599 ASHEFORDE LANE
City-St-Zip: MARIETTA, GA 300681851

Title: DT () Delete
Name: NELSON, RANDY DR.
Address: 251 E. HARRISON ST.
City-St-Zip: TALLAHASSEE, FL 323014417

Title: DS () Delete
Name: RILEY, ERIC A.
Address: 1116 ANTLE DR.
City-St-Zip: TALLAHASSEE, FL 323179518

Title: DM () Delete
Name: CLOSE, BILLY DR.
Address: 2940 CAPITAL PARK DR.
City-St-Zip: TALLAHASSEE, FL 323013444

Title: DM () Delete
Name: COOPWOOD, WALLACE
Address: 1720 DURLEY DOWN CT.
City-St-Zip: SMYRNA, GA 300825048

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: MCCLLOUD, WILLIAM
Address: 820 EAST PARK AVENUE, SUITE E100
City-St-Zip: TALLAHASSEE, FL 32301

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: MEM () Change (X) Addition
Name: NEDELKOFF, RICHARD R
Address: 820 EAST PARK AVENUE, SUITE E100
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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: ISAAC WILLIAMS

ED

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date