2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-28-2008 90009 024 ****61.25
N07000000172

FILED
08 JUL 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000172

1. Entity Name

THE BAND OF BROTHERS, U.S.A., INC.

Principal Place of Business	Mailing Address
395 SW DEGOUVEA TERRACE PORT ST LUCIE FL 34984	395 SW DEGOUVEA TERRACE PORT ST LUCIE FL 34984

1st MOORE CR2E037 (10/07)

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 20-8181851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGGINS, VICTORIA J 1862 SE ERWIN ROAD PORT ST LUCIE FL 34952	Name Courtwright Dr. Kenneth Street Address (P.O. Box Number is Not Acceptable) 395 SW Degouvea Terrace City PT St Lucie FL Zip Code 34984

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 Dr Kenneth Courtwright 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 COURTWRIGHT, DR. KENNETH 395 SW DEGOUVEA TERRACE PORT ST LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Debra Rothenwander 549 NW Salina Terrace PT St Lucie, Fl 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GIRTMAN, PAUL 501 SW BACON TERRACE PORT ST LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sect. Sandra Goeney 1765E Osprey Ridge Dr PT St Lucie, Fl 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GALLIETTI, FRANK 395 SW DEGOUVEA TERRACE PORT ST LUCIE FL 34984	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VANASCAL, LYNN 501 SW BACON TERRACE PORT ST LUCIE FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D'ADAMO, GRACE 2662 SE FLAVIA TERRACE PORT ST LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAA HUGGINS, RICHARD J 1862 SE ERWIN ROAD PORT ST LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Dr Kenneth Courtwright 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #