

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007657

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** WOUNDED WARRIORS IN ACTION FOUNDATION, INC.

**Current Principal Place of Business:**

6516 DOLPHIN COVE DR  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

6516 DOLPHIN COVE DR  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 26-0718304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCDANIEL, JOHN J  
6516 DOLPIN COVE DR  
APOLLO BEACH, FL 33572 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:** D  
**Name:** MCDANIEL, JOHN J TRUSTEE  
**Address:** 6516 DOLPHIN COVE DR.  
**City-St-Zip:** APOLLO BEACH, FL 33572

**Title:** D  
**Name:** MCDANIEL, KELLIE TRUSTEE  
**Address:** 18 NW 15TH STEEET  
**City-St-Zip:** DELRAY BEACH, FL 33444

**Title:** D  
**Name:** WHEELER, RICHARD S TRUSTEE  
**Address:** 3690 AIRPORT ROAD, SUITE 2  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN J. MCDANIEL

D

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date