

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003386

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** COMBAT INJURIES PROJECT, INC.

**Current Principal Place of Business:**

317 NORTH CALHOUN STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

315 PLANT AVE  
TAMPA, FL 33606 US

**Current Mailing Address:**

317 NORTH CALHOUN STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

315 PLANT AVE  
TAMPA, FL 33606 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STILES, MARY ANN  
317 NORTH CALHOUN STREET  
TAMPA, FL 32301 US

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

STILES, MARY ANN  
315 PLANT AVE  
TAMPA, FL 33606 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:

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: SHEBEL, JON L  
Address: 178 SOUTH INDIES DRIVE  
City-St-Zip: MARATHON, FL 33050 US

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: MARY ANN STILES

RA

05/01/2012

Electronic Signature of Signing Officer or Director

Date