

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96 B- 5316 NC

DOCUMENT # N14450

(3)

1. Corporation Name

UNITED STATES SPECIAL FIELD FORCES, USSF, INC.



Principal Place of Business

Camp Bradley

FRED WALKER ROAD

RT. 1 BOX 188 Rt. 4 Box 34

BRANFORD FL 32008

Mailing Address

Camp Bradley

FRED WALKER ROAD

RT. 1 BOX 188 Rt. 4 Box 34

BRANFORD FL 32008

3. Date Incorporated or Qualified

04/17/1986

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

21 Camp Bradley-Road

2a. Mailing Address

26 Camp Bradley-Road

FEI Number

59-2292967

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Route 4 Box 34

Suite, Apt. #, etc.

27 Route 4 Box 34

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

23 Branford, FL 32008

City & State

28 Branford, FL 32008

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

32008

Country

25 Lafayette

Zip

32008

Country

30 LAFAYETTE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN-VON ROSEN, LEON G

FRED WALKER ROAD

RT. 1 BOX 34

BRANFORD FL 32008

81 Name

Khan-Von-Rosen, Leon G.

82 Street Address (P.O. Box Number is Not Acceptable)

Camp Bradley - Fred Walker Road

83

Route 4 Box 34

84

City
Branford

FL

85

Zip Code
32008

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KHAN-VON ROSEN, LEON G	
STREET ADDRESS	RT. 1 BOX 34	
CITY - ST - ZIP	BRANFORD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOON, BETH W.	
STREET ADDRESS	RT. 1 BOX 188	
CITY - ST - ZIP	BRANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKAY, LEAH P.	
STREET ADDRESS	RT. 1, BOX 34	
CITY - ST - ZIP	BRANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSD Khan-Von-Rosen, Leon G.

1.2 NAME

Camp Bradley-Fred Walker Road

1.3 STREET ADDRESS

Route 4 Box 34

1.4 CITY - ST - ZIP

Branford, FL 32008

2.1 TITLE

VTD Koon, Beth W.

2.2 NAME

Camp Bradley-Fred Walker Road

2.3 STREET ADDRESS

Route 4 Box 34

2.4 CITY - ST - ZIP

Branford, FL 32008

3.1 TITLE

D McKay, Leah B.

3.2 NAME

Camp Bradley-Fred Walker Road

3.3 STREET ADDRESS

Route 4 Box 34

3.4 CITY - ST - ZIP

Branford, FL 32008

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leon G. Khan-Von-Rosen

4-22-96

1-904-935-2462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)