

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90018 006 ****61.25

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1. Entity Name
**CIRCLE OF HONOR SOCIETY CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**570 CARILLON PKWY
SAINT PETERSBURG, FL 33716 US**

Mailing Address
**PO BOX 5068
CLEARWATER, FL 33758**

4000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3210604

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MORIARTY, THOMAS
570 CARILLON PKWY
SAINT PETERSBURG, FL 33716**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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 **D** ☐ Delete
NAME **RODA, JOHN**
STREET ADDRESS **2337 STONE BRIDGE DR**
CITY-ST-ZIP **FLINT, MI 48532**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WISER, RONALD B**
STREET ADDRESS **1532 LONG RD**
CITY-ST-ZIP **KALAMAZOO, MI 49008**

TITLE **D** ☐ Change ☒ Addition
NAME **Skees, Daniel**
STREET ADDRESS **1600 Woodville Road, Suite 6**
CITY-ST-ZIP **Hillbury, OH 43447**

TITLE **D** ☒ Delete
NAME **TORRACO, ROBERT**
STREET ADDRESS **43 QUINCY AVE**
CITY-ST-ZIP **QUINCY, MA 02169**

TITLE **D** ☐ Change ☒ Addition
NAME **Rider, Elaine**
STREET ADDRESS **570 Carillon Parkway**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **D** ☐ Delete
NAME **RUCKER, BENJAMIN**
STREET ADDRESS **1400 MERCANTILE LANE STE 214**
CITY-ST-ZIP **UPPER MARLBORO, MD 20774**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOYER, LISA**
STREET ADDRESS **102 E MAIN STREET**
CITY-ST-ZIP **ARCOLA, IL 61910**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RA** ☐ Delete
NAME **MORIARTY, THOMAS**
STREET ADDRESS **570 CARILLON PARKWAY**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Thomas R. Moriarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06
Date

(727)299-1837
Daytime Phone #