


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90026 037 \*\*\*\*61.25

<b>DOCUMENT # N93000002355</b> 1. Entity Name <b>CIRCLE OF HONOR SOCIETY CHARITABLE FOUNDATION, INC.</b>					
Principal Place of Business <b>570 CARILLON PKWY SAINT PETERSBURG, FL 33716 US</b>				Mailing Address <b>PO BOX 5068 CLEARWATER, FL 33758</b>	
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MORIARTY, THOMAS 570 CARILLON PKWY SAINT PETERSBURG, FL 33716</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RODA, JOHN 2337 STONE BRIDGE DR FLINT, MI 48532</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SKEES, DANIEL 1600 WOODVILLE ROAD, SUITE 6 MILLBURY, OH 43447</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RIDER, ELAINE 570 CARILLON PARKWAY SAINT PETERSBURG, FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RUCKER, BENJAMIN 1400 MERCANTILE LANE STE 214 UPPER MARLBORO, MD 20774</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director Lebin, Scott 20 South 2nd Street Geneva, IL 60134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOYER, LISA 102 E MAIN STREET ARCOLA, IL 61910</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>RA MORIARTY, THOMAS 570 CARILLON PARKWAY SAINT PETERSBURG, FL 33716</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Thomas R. Moriarty Thomas R. Moriarty</b> <div style="float: right;"> <b>3/26/08</b> (727) 824-8822  <small>Date Daytime Phone #</small> </div>					