2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002355

FILED Apr 20, 2009 Secretary of State

Entity Name: CIRCLE OF HONOR SOCIETY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	LON PKWY TERSBURG, F	FL 33716 US				
Current Mailing Address:				New Mailing Address:		
PO BOX 5068 CLEARWATER, FL 33758				PO BOX 9053 CLEARWATER, FL 33758		
FEI Number:	: 59-3210604	FEI Number Applied For	() FEI Nui	mber Not App	licable () Certificate of Sta	itus Desired ()
Name and	Address of C	Current Registered Age	ent:	Name and	Address of New Registered	Agent:
MORIARTY, THOMAS 570 CARILLON PKWY SAINT PETERSBURG, FL 33716 US				MORIARTY, THOMAS 2975 WHISPER LANE N CLEARWATER, FL 33762 US		
	named entity s e of Florida.	submits this statement fo	or the purpose o	of changing i	ts registered office or registere	ed agent, or both,
SIGNATUF	RE:				04/20/20	09
	Electron	nic Signature of Register	ed Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () RODA, JOHN 2337 STONE B FLINT, MI 4853			Title: Name: Address: City-St-Zip:	() Change () Addition	on
Title: Name: Address: City-St-Zip:	SKEES, DANIE	LLE ROAD, SUITE 6		Title: Name: Address: City-St-Zip:	() Change () Addition	on
Title: Name: Address: City-St-Zip:	RIDER, ELAINE 570 CARILLON			Title: Name: Address: City-St-Zip:	D (X) Change () Addition of the Carvin, TERRY 611 DRUID RD E, #103 CLEARWATER, FL 33756	on
Title: Name: Address: City-St-Zip:	D () BOYER, LISA 102 E MAIN ST ARCOLA, IL 61			Title: Name: Address: City-St-Zip:	D (X) Change () Addition MASSEY, BRIAN 605 NORTH PINE ST. SENECA, SC 29678	on
Title: Name: Address: City-St-Zip:	MORIARTY, TH 570 CARILLON			Title: Name: Address: City-St-Zip:	RA (X) Change () Addition MORIARTY, THOMAS 2975 WHISPER LANE N CLEARWATER, FL 33762	on
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition LEBIN, SCOTT 20 SOUTH 2ND STREET GENEVA, IL 60134	on

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS MORIARTY RA 04/20/2009