8/1

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State
08-19-2002 90126 045 ****61.25

DOCUMENT # N95000002886

1. Entity Name
AMERICAN/NICARAGUAN South ATLANTIC Coast Relief Funds INC.

DO NOT WRITE IN THIS SPACE

98617

2. Principal Place of Business	3. Mailing Address
4513 N.W. 49th Street, TAMARAC, FL. 33319	4513 N.W. 49th St. TAMARAC, FL. 33319
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0603602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Arthur V. Hodgson

Street Address (P.O. Box Number is Not Acceptable): 4513 N.W. 49th Street

City: TAMARAC FL Zip Code: 33319

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE Pres.	HODGSON, Arthur V	TITLE	
NAME / STREET ADDRESS	4513 N.W. 49th Street	NAME / STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33319	CITY-ST-ZIP	
TITLE Dir	EWING Howard Sr.	TITLE	
NAME / STREET ADDRESS	19 N.E 16th. Ave	NAME / STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach FL. 33064	CITY-ST-ZIP	
TITLE Dir.	Hodgson, Gladys E.	TITLE	
NAME / STREET ADDRESS	4513 N.W. 49th Street	NAME / STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL. 33319	CITY-ST-ZIP	**DO NOT WRITE**
TITLE Dir	Col. John C. Harrell	TITLE	**IN THIS SPACE**
NAME / STREET ADDRESS	244 W. Theresa Ave	NAME / STREET ADDRESS	
CITY-ST-ZIP	ANAheim CA. 92804	CITY-ST-ZIP	
TITLE Dir.	Lynn Humphrey	TITLE	
NAME / STREET ADDRESS	URACCAN University	NAME / STREET ADDRESS	
CITY-ST-ZIP	Bluefields, Nicaragua	CITY-ST-ZIP	
TITLE Dir.	Arturo S. Hodgson	TITLE	
NAME / STREET ADDRESS	4513 N.W. 49th St.	NAME / STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33319	CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hodgson Arthur V. Hodgson 08/15/02 954-733-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#N95.000002586 [redacted] 8/15/02 98617

TAMARAC, FL. 33319

Dear Sir:

As per our conversation on 8/13/02

Thanks for sending my report form, since I did not receive the form as I stated.

Sincerely

Arthur Hodgson