

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002886

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** AMERICAN/NICARAGUAN SOUTH ATLANTIC COAST RELIEF FUNDS INC.

**Current Principal Place of Business:**

4513 NORTHWEST 49TH STREET  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4513 NORTHWEST 49TH STREET  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 65-0603602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGSON, ARTHUR V  
4513 NORTHWEST 49TH STREET  
TAMARAC, FL 33319 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HODGSON, ARTHUR V  
Address: 4513 NORTHWEST 49TH STREET  
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete  
Name: HODGSON, GLADYS  
Address: 4513 NORTHWEST 49TH STREET  
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete  
Name: HARRELL, COLONEL JOHN  
Address: 244 W THERESE AVENUE  
City-St-Zip: ANAHEIM, CA 92804

Title: D ( ) Delete  
Name: EWING, HOWARD SR  
Address: 19 NE 16TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete  
Name: HODGSON, ARTURO S  
Address: 4513 NORTHWEST 49TH STREET  
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete  
Name: HUMPHREY, LYNN  
Address: URACCA UNIVERSITY  
City-St-Zip: BLUEFIELDS NICARAGUA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR V. HODGSON

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date