2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# N95000002886

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:	URACCAN 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 01/24/2007

Electronic Signature of Signing Officer or Director — Date