

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91482 042 ****61.25

DOCUMENT # N96000004820

1. Entity Name

ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC.



Principal Place of Business

**27951 NEW YORK ST
SUITE 15
BONITA SPRINGS FL 34135**

Mailing Address

**P O BOX 2741
NAPLES FL 34106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3468726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, DAVID J
27951 NEW YORK ST. # 15
BONITA SPRINGS FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TP	☐ Delete
NAME	MITCHELL, DAVID J	
STREET ADDRESS	27951 NEW YORK ST #15	
CITY-ST-ZIP	BONITA SPRINGS FL 34-1355	
TITLE	TVP	☐ Delete
NAME	MASCO, FRED	
STREET ADDRESS	27951 NEW YORK ST #	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	ST	☐ Delete
NAME	GALVIN, DANIEL	
STREET ADDRESS	4765 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VM	☐ Delete
NAME	SUSSDORFF, MICHAEL	
STREET ADDRESS	546 109TH AVE N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DASIGAMIRI, R. C. PRESIDENT 4/25/03 1-239-571-3514

CR2E037 (10/02)