

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 003 ****61.25

54025386



03262004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3438465** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MILLER, ROBERT S
679 SILVERCREEK DR
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **D** ☐ Delete
NAME **JAFF, DELKHWAZ**
STREET ADDRESS **10903 AMHERST AVE**
CITY-ST-ZIP **SILVER SPRING, MD 20902**

TITLE **D** ☐ Change ☒ Addition
NAME **KLEIN, CHRISTIAN**
STREET ADDRESS **121 NORTH HENRY ST.**
CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE **D** ☐ Delete
NAME **ELLIS, DAVID**
STREET ADDRESS **4007 LONGWOOD DR**
CITY-ST-ZIP **FREDERICKSBURG, VA 22408**

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT S. MILLER**
STREET ADDRESS **SUITE 1, 679 SILVERCREEK DR.**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Delete
NAME **ALMOND, HARRY**
STREET ADDRESS **2000 S EADS ST**
CITY-ST-ZIP **ARLINGTON, VA 22202**

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

TITLE **D** ☐ Delete
NAME **NORMAN, JOHN**
STREET ADDRESS **3521 FREDMAR LN**
CITY-ST-ZIP **PLANO, TX 75203**

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

TITLE **D** ☐ Delete
NAME **SHEMDIN, NIJYAR** **1050, 17th ST. NW, SUITE**
STREET ADDRESS **STE 1050, 17th ST. NW, SUITE**
CITY-ST-ZIP **WASHINGTON DC 20036**

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 March 2004 (407) 687-9726