

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90162 002 ****61.25

DOCUMENT # N99000003540

1. Entity Name

AMERICAN SOCIETY FOR KURDS, INC.



Principal Place of Business

**864 WILLOW AVE
TALLAHASSEE FL 32303**

Mailing Address

**P.O. BOX 37452
TALLAHASSEE FL 32315**

2. Principal Place of Business

227 N. Bronaugh St. Suite #1001

3. Mailing Address

Same as above

Suite, Apt. #, etc.

#1001

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number **59-3465560**

Applied For

Not Applicable

Zip

32301

Country

Lebanon

Zip

Country

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

**ROGERS, JANICE
9843 C. TOM TRAIL
TALLAHASSEE FL 32317**

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 NAME	PD GARRETSON, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	1130 LOTHIAN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	SD BOSILE, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	165 WOOD HALL	
CITY-ST-ZIP	MURRAY KY 42071	
TITLE NAME	TD AZIZ, SALAH	<input type="checkbox"/> Delete
STREET ADDRESS	864 WILLOW AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

March 27 2003 644-9516

CR2E037 (10/02)