2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006571

1. Entity Name
ORPHANS OF THE ARMED FORCES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 316 WINDERMERE, FL 34786	P.O. BOX 316 WINDERMERE, FL 34786

04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3613576
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WITSMAN, EZRA R
138 EAST CENTRAL AVE.
HOWEY-IN-THE-HILLS, FL 34737

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDSON, JAMES LEROY
STREET ADDRESS	P.O. BOX 316
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	DANIELS, JERRY
STREET ADDRESS	7926 BAY LAKE RD.
CITY-ST-ZIP	MASCOTTE, FL 34753
TITLE	VPD
NAME	RICHARDSON, TONI
STREET ADDRESS	2640 LAZY ARCE ROAD
CITY-ST-ZIP	MASCOTTE, FL 34753
TITLE	D
NAME	RICHARDSON, CALVIN
STREET ADDRESS	1084 RISTERSTOWN RD
CITY-ST-ZIP	OWINGS MILLS, MD 21117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80202-006 61.25

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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: James LeRoy Richardson 4/24/04 352 429-5970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #