

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006706

**Entity Name:** SHIHAN SCHOOL OF SURVIVAL INC.

**Current Principal Place of Business:**

211 SOUTH PROSPECT AVENUE  
SUITE 705  
CLEARWATER, FL 33756

**Current Mailing Address:**

PO BOX 213  
CLEARWATER, FL 33757 US

**FEI Number:** 26-2760509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EVANS, WALTER  
211 SOUTH PROSPECT AVENUE  
SUITE 705  
CLEARWATER, FL 33756 US

*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

**Officer/Director Detail :**

Title P  
Name EVANS, WALTER M  
Address 211 SOUTH PROSPECT AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title BM  
Name HINSON, JAI  
Address 1606 N HIGHLAND AVENUE  
City-State-Zip: CLEARWATER FL 33755

*I hereby 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 all other like empowered.*

**SIGNATURE:** WALTER EVANS

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date