

2023 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 #705
City-State-Zip:	CLEARWATER FL 33756
Title	S
Name	HOOKS, BRIAN
Address	7001 INTERBAY BLVD #291
City-State-Zip:	TAMPA FL 33616

Title	BM
Name	HINSON, JAI
Address	1606 N HIGHLAND AVENUE
City-State-Zip:	CLEARWATER FL 33755
Title	D
Name	HAROOM SHA, BETHEA MAHALEIL
Address	2746 VIA TIVOLI #121B
City-State-Zip:	CLEARWATER FL 33764

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**DIRECTOR****04/02/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date