**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2020**
**Secretary of State**
**4700279680CC**

DOCUMENT# N14000003544

**Entity Name:** THE FOLDED FLAG FOUNDATION, INC.

**Current Principal Place of Business:**

1550 S. PAVILION CENTER DRIVE
LAS VEGAS, NV 89135

**Current Mailing Address:**

1550 S. PAVILION CENTER DRIVE
LAS VEGAS, NV 89135 US

**FEI Number: 46-5371845**

**Certificate of Status Desired:** No

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

HALEY, COLLEEN
601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 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: COLLEEN HALEY 04/29/2020

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR, PRESIDENT |
| Name | FRANK, KIMBERLY |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR, CHAIRMAN |
| Name | FOLEY II, WILLIAM P |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR, VC |
| Name | SCHREMP, FREDERICK R |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | BRUAL, PETER K |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR, SECRETARY |
| Name | SADOWSKI, PETER T |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR, TREASURER |
| Name | COX, RICHARD L |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | AZUR, CHRIS |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DETOTO, ANTHONY J |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

**Continues on page 2**

*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: RICHARD L. COX DIRECTOR AND TREASURER 04/29/2020

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | DISMUKES, JOHN PHILLIPS |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KERN, PAUL J |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | MARTIRE, FRANK R |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | SCHWARTZ, THOMAS |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | STALLINGS, JAMES B |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | PAIS, RANDALL M |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | JABBOUR, ANTHONY |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | LARSON, KIRK |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | OATES, MICHAEL P |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | SHELTON, MICHAEL W |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |

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|---|---|
| Title | DIRECTOR |
| Name | WOODALL, JAMES W |
| Address | 1550 S. PAVILION CENTER DRIVE |
| City-State-Zip: | LAS VEGAS NV 89135 |