

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

04/05/2021

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, SECRETARY
Name SADOWSKI, PETER T
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, TREASURER
Name COY, BRYAN D
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

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

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

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

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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: BRYAN D. COY**DIRECTOR AND
TREASURER**

04/05/2021

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

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

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

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

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

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

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

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

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

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

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