


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002615
 1. Entity Name
FLORIDA CRISIS RESPONSE TEAM, INCORPORATED



Principal Place of Business
**4441 LONGBOW DRIVE
 TITUSVILLE, FL 32796**

Mailing Address
**P.O. BOX 6206
 TITUSVILLE, FL 32782 US**



02172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1212274 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSSMAN, BETH
 4441 LONGBOW DRIVE
 TITUSVILLE, FL 32796**

DO NOT WRITE IN THIS SPACE

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 Beth Rossman Beth Rossman 2/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | D |
| NAME | COREY, PATTY |
| STREET ADDRESS | 1943 SW BEAUGARD |
| CITY-ST-ZIP | PORT ST. LUCIE, FL 34953 |
| TITLE | D |
| NAME | JOWELL, KIM |
| STREET ADDRESS | 13780 75TH AVE. |
| CITY-ST-ZIP | SEMINOLE, FL 33776 |
| TITLE | D |
| NAME | GRIFFIN, WAYNE |
| STREET ADDRESS | 5116 SW 84TH STREET |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 |
| TITLE | D |
| NAME | MILLER, DONNA |
| STREET ADDRESS | 3781 ARROWHEAD DRIVE |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32086 |
| TITLE | D |
| NAME | ZENERE, FRANK |
| STREET ADDRESS | 785 FALLING WATER ROAD |
| CITY-ST-ZIP | WESTON, FL 33326 |
| TITLE | D |
| NAME | PATTON, MARTHA |
| STREET ADDRESS | 3621 OAKS CLUBHOUSE DR., #203 |
| CITY-ST-ZIP | POMPANO BEACH, FL 33064 |

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000000439813
 03/02/06-80015-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Beth Rossman 2/17/06 321-617-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #