



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 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
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1212274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 4/21/08

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, 2008**

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 94TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	DEANDA, LISA
STREET ADDRESS	3231 TOPSEY AVE SE
CITY-ST-ZIP	PALM BAY, FL 32909
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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05/18/08-80018-017 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* Beth Rossman 4/21/08 321-302-6305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #