2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005675

FILED Jan 29, 2009 Secretary of State

Entity Name: TAMPA BAY REGIONAL CRITICAL INCIDENT TEAM, INC.

Current Principal Place of Business: New Principal Place of Business:

3006 N. PERRY AVE 216 BON VIE PLACE TAMPA, FL 33603 US VALRICO, FL 33594 US

Current Mailing Address: New Mailing Address:

3006 N. PERRY AVE 216 BON VIE PLACE TAMPA, FL 33603 US VALRICO, FL 33594 US

FEI Number: 59-3618654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ANNE, DOUGHERTY
3006 N. PERRY AVE.
TAMPA, FL 33603 US

HUNT, BRENDA L
216 BON VIE PLACE
VALRICO, FL 33594 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: BRENDA LOUISE HUNT 01/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 TUNGATE, ROBERT
 Name:
 DELAGE, MARK

 Address:
 411 N. FRANKLIN ST
 Address:
 411 N. FRANKLIN ST

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33602

Title: VP () Delete Title: () Change () Addition

 Name:
 BARNWELL, MARK
 Name:

 Address:
 2008 8TH STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition Name: STRICKLAND, JUSINE STRICKLAND, JUSINE

 Name:
 STRICKLAND, JUSINE
 Name:
 STRICKLAND, JUST

 Address:
 2008 8TH STREET
 Address:
 2008 8TH STREET

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 TAMPA, FL 33605

Title: T () Delete Title: T (X) Change () Addition

 Name:
 DOUGHERTY, ANNE
 Name:
 HUNT, BRENDA

 Address:
 3006 N. PERRY AVE.
 Address:
 216 BON VIE PLACE

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:
 VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRENDA LOUISE HUNT T 01/29/2009