

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005675

FILED  
Feb 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

216 BON VIE PLACE  
VALRICO, FL 33594 US

**New Principal Place of Business:**

3808 N. 22ND STREET  
TAMPA, FL 33610 US

**Current Mailing Address:**

216 BON VIE PLACE  
VALRICO, FL 33594 US

**New Mailing Address:**

PO BOX 1683  
VALRICO, FL 33595 US

**FEI Number:** 59-3618654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNT, BRENDA L  
216 BON VIE PLACE  
VALRICO, FL 33594 US

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

HUNT, BRENDA L  
3808 N. 22ND STREET  
TAMPA, FL 33610 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:

02/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DELAGE, MARK SGT.  
Address: 411 N. FRANKLIN ST  
City-St-Zip: TAMPA, FL 33602

Title: VP  
Name: BARNWELL, MARK  
Address: 2008 8TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: SEC  
Name: STRICKLAND, JUSTINE  
Address: 2008 8TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: TREA  
Name: HUNT, BRENDA  
Address: PO BOX 1683  
City-St-Zip: VALRICO, FL 33595

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: BRENDA L. HUNT

TREA

02/22/2010

Electronic Signature of Signing Officer or Director

Date