

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002615

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC7219168064**

**Entity Name:** FLORIDA CRISIS RESPONSE TEAM, INCORPORATED

**Current Principal Place of Business:**

4441 LONGBOW DRIVE  
TITUSVILLE, FL 32796

**Current Mailing Address:**

4441 LONGBOW DRIVE  
TITUSVILLE, FL 32796

**FEI Number:** 65-1212274

**Certificate of Status Desired:** No

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

ROSSMAN, BETH  
4441 LONGBOW DRIVE  
TITUSVILLE, FL 32796 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ROSSMAN, BETH J  
Address 4441 LONGBOW DRIVE  
City-State-Zip: TITUSVILLE FL 32796

Title D  
Name LAWTON, ANN MARIE  
Address 985 VISCAYA BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name DEANDA, LISA  
Address 3231 TOPSEY AVE SE  
City-State-Zip: PALM BAY FL 32909

Title D  
Name ZENERE, FRANK  
Address 785 FALLING WATER ROAD  
City-State-Zip: WESTON FL 33326

Title DIRECTOR  
Name MOUTON, CHRISTINE  
Address 319 BLUEJAY WAY  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name WENNERSTROM, DEBBIE  
Address 10939 VERSAILLES BLVD.  
City-State-Zip: CLERMONT FL 34711

*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: BETH ROSSMAN**

**CHAIRMAN**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date