

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002615

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

**Current Principal Place of Business:**

4441 LONGBOW DRIVE  
TITUSVILLE, FL 32796

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC4136917947**

**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 D  
Name BROWN, SUSIE  
Address 40620 SR 64 E  
City-State-Zip: MYAKKA CITY FL 34251

Title D  
Name ISKE, RICHARD  
Address 1408 SEABREEZE STREET  
City-State-Zip: CLEARWATER FL 33756

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 D  
Name PATTON, MARTHA  
Address 3621 OAKS CLUBHOUSE DR., #203  
City-State-Zip: POMPANO BEACH FL 33064

*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: LISA DEANDA**

**DIRECTOR**

**04/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date