

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002615

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

**Current Principal Place of Business:**

2166 SPRINGWATER LANE  
PORT ORANGE, FL 32128

**Current Mailing Address:**

PO BOX 939  
MIMS, FL 32754 US

**FEI Number:** 65-1212274

**Certificate of Status Desired:** No

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

ROSSMAN, BETH  
2166 SPRINGWATER LANE  
PORT ORANGE, FL 32128 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	Title	EXECUTIVE SECRETARY
Name	TUTTLE, BRIDGET SCHNEIDERMAN	Name	TOMBERLIN, LAUREN
Address	PO BOX 939	Address	PO BOX 939
City-State-Zip:	MIMS FL 32754	City-State-Zip:	MIMS FL 32754
Title	VC	Title	CFO
Name	SCHAEFER, RAMONA	Name	KATLER, TERRI
Address	PO BOX 939	Address	PO BOX 939
City-State-Zip:	MIMS FL 32754	City-State-Zip:	MIMS FL 32754
Title	DIRECTOR		
Name	GELLER, DEBORAH		
Address	PO BOX 939		
City-State-Zip:	MIMS FL 32754		

*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:** BRIDGET SCHNEIDERMAN TUTTLE

**CHAIPERSON**

**02/24/2024**

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

\_\_\_\_\_  
Date