

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002615

**Entity Name:** FLORIDA CRISIS RESPONSE TEAM, INCORPORATED**Current Principal Place of Business:**3420 MEDICI BLVD.  
NEW SMYRNA BEACH, FL 32168**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  
3420 MEDICI BLVD.  
NEW SMYRNA BEACH, FL 32168 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	SCHNEIDERMAN, BRIDGET C
Address	PO BOX 939
City-State-Zip:	MIMS FL 32754

Title	EXECUTIVE SECRETARY
Name	SMITH, CAROL
Address	PO BOX 939
City-State-Zip:	MIMS FL 32754

Title	VC
Name	SCHAEFER, RAMONA
Address	PO BOX 939
City-State-Zip:	MIMS FL 32754

Title	CFO
Name	KATLER, TERRI
Address	PO BOX 939
City-State-Zip:	MIMS FL 32754

Title	DIRECTOR
Name	FOGEL, JILL
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 C. SCHNEIDERMAN

CHAIRPERSON

02/25/2021

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