2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002973

Entity Name: ST. LUCIE EMERGENCY COMMUNICATIONS RESPONSE

TEAM, INC.

FILED Mar 05, 2019 Secretary of State 1175724538CC

Current Principal Place of Business:

11971 SW CRESTWOOD CIRCLE PORT SAINT LUCIE, FL 34987

Current Mailing Address:

11971 SW CRESTWOOD CIRCLE PORT SAINT LUCIE, FL 34987 US

FEI Number: 37-1667844 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORNER, PAUL 11971 SW CRESTWOOD CIRCLE PORT ST LUCIE, FL 34987 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: PAUL HORNER 03/05/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP, DIRECTOR Title SECRETARY, DIRECTOR

Name STARR, DONALD Name VAN HORN, EDWARD

Address PO BOX 13223 Address PO BOX 13223

City-State-Zip: FORT PIERCE FL 34979 City-State-Zip: FORT PIERCE FL 34979

TitleTREASURER, DIRECTORTitleDIRECTORNameWARNOCK, R. C.NameAMAR, PETERAddressPO BOX 13223AddressPO BOX 13223

City-State-Zip: FORT PIERCE FL 34979 City-State-Zip: FORT PIERCE FL 34979

Title DIRECTOR Title DIRECTOR, PRESIDENT

Name SWEIGART, JOHN Name HORNER, PAUL
Address PO BOX 13223 Address PO BOX 13223

City-State-Zip: FORT PIERCE FL 34979 City-State-Zip: FORT PIERCE FL 34979

Title DIRECTOR

Name BARR, HAROLD

Address PO BOX 13223

City-State-Zip: FORT PIERCE FL 34979

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: PAUL HORNER PRESIDENT 03/05/2019