

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

DOCUMENT# N15000004152

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC2603666588**

**Entity Name:** DISASTER NETWORK OF ASSISTANCE ROTARIAN ACTION GROUP, INC

**Current Principal Place of Business:**

9937 MAJORCA PL  
BOCA RATON, FL 33434

**Current Mailing Address:**

9937 MAJORCA PL  
BOCA RATON, FL 33434 US

**FEI Number: 47-3860087**

**Certificate of Status Desired: No**

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

SCHULER, TIMOTHY C ESQ  
9075 SEMINOLE BLVD  
SEMINOLE, FL 33772 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 CH  
Name RASSIN, BARRY J  
Address P. O BOX N - 972 OAKHILL RD  
City-State-Zip: NASSAU BAHAMAS XX XXXXX

Title V C  
Name READDY, LEIGH A DR.  
Address P. O. BOX 339  
City-State-Zip: KIRKLAND WA 98083

Title SECT  
Name QUENTRALL-THOMAS, LARA  
Address 45 NEW STREET  
City-State-Zip: PORT OF SPAIN, TRINIDAD XX XXXXX

Title TRES  
Name LUSTIG, PHILIP H III  
Address 9937 MAJORCA PL  
City-State-Zip: BOCA RATON FL 33434

*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: PHILIP H. LUSTIG III**

**TREASURER**

**03/02/2016**

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

\_\_\_\_\_  
Date