

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008148

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC6121428926**

**Entity Name:** MUTUAL AID DISASTER RELIEF INC

**Current Principal Place of Business:**

1309 E. OSBORNE AVE.  
TAMPA, FL 33603

**Current Mailing Address:**

1309 E. OSBORNE AVE.  
TAMPA, FL 33603 US

**FEI Number:** 81-3606763

**Certificate of Status Desired:** No

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

DUNSON, JAMES  
1309 E. OSBORNE AVE.  
TAMPA, FL 33603 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 P  
Name DUNSON, JAMES R  
Address 1309 E. OSBORNE AVE.  
City-State-Zip: TAMPA FL 33603

Title VP  
Name RILEY, BAILEY  
Address 3335 PETERBOROUGH PL.  
City-State-Zip: PALM HARBOR FL 34684

Title SEC  
Name RUBINCHIK, DEZERAY L  
Address 1309 E. OSBORNE AVE.  
City-State-Zip: TAMPA FL 33603

Title T  
Name CALLIHAN, AMY  
Address 1427 MORLING AVE.  
City-State-Zip: BALTIMORE MD 21211

Title DIR  
Name NEILAN, KYLA  
Address 1344 W DELAWARE ST.  
City-State-Zip: TUCSON AZ 85745

Title DIR  
Name ARANEDA, BARBARA  
Address 3543 MEXICALI ST.  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** JAMES DUNSON

**CO-FOUNDER**

**03/15/2017**

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

\_\_\_\_\_  
Date