

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008148

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC0111500109**

**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	Title	VP
Name	DUNSON, JAMES R	Name	RILEY, BAILEY
Address	1309 E. OSBORNE AVE.	Address	3335 PETERBOROUGH PL.
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	PALM HARBOR FL 34684
Title	SEC	Title	T
Name	RUBINCHIK, DEZERAY L	Name	CALLIHAN, AMY
Address	1309 E. OSBORNE AVE.	Address	1427 MORLING AVE.
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	BALTIMORE MD 21211
Title	DIR	Title	DIR
Name	NEILAN, KYLA	Name	ARANEDA, BARBARA
Address	1344 W DELAWARE ST.	Address	3543 MEXICALI ST.
City-State-Zip:	TUCSON AZ 85745	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**

**PRESIDENT/COFOUNDER 01/16/2018**

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

\_\_\_\_\_  
Date