

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008148

Entity Name: MUTUAL AID DISASTER RELIEF INC**Current Principal Place of Business:**503 E. JACKSON STREET #318
TAMPA, FL 33602**Current Mailing Address:**503 E. JACKSON STREET #318
TAMPA, FL 33602 US**FEI Number: 81-3606763****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUNSON, JAMES
3809 N OLA 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	3809 N OLA 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	3809 N OLA AVE
City-State-Zip:	TAMPA FL 33603

Title	T
Name	CALLANAN, 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**COFOUNDER****01/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date