

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001866

**Entity Name:** TRUCKERS EMERGENCY ASSISTANCE RESPONDERS, INC.

**FILED**  
**Feb 01, 2022**  
**Secretary of State**  
**4752667943CC**

**Current Principal Place of Business:**

631 LUCERNE AVE  
SUITE 27  
LAKE WORTH, FL 33460

**Current Mailing Address:**

631 LUCERNE AVE  
SUITE 27  
LAKE WORTH, FL 33460 US

**FEI Number: 83-3801425**

**Certificate of Status Desired: No**

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

WOOD, DESIREE A  
631 LUCERNE AVE  
SUITE 27  
LAKE WORTH, FL 33460 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            D  
Name            WOOD, DESIREE A  
Address        631 LUCERNE AVE  
                  SUITE 27  
City-State-Zip: LAKE WORTH FL 33460

Title            D  
Name            HANSEN, IDELLA M  
Address        2561 BEECHWOOD AVE  
City-State-Zip: CAMDEN AR 71701

Title            DIRECTOR  
Name            SCOLARI, MICHELLE  
Address        3761 WASHINGTON LOOP  
City-State-Zip: MAGNA UT 84044

*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: DESIREE A WOOD**

**PRESIDENT**

**02/01/2022**

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

\_\_\_\_\_  
Date