

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001866

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

**FILED**  
**Apr 14, 2020**  
**Secretary of State**  
**6779744504CC**

**Current Principal Place of Business:**

631 LUCERNE AVE  
SUITE 27  
LAKE WORTH, FL 33460

**Current Mailing Address:**

P.O. BOX 1051  
LAKE WORTH, FL 33460

**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 D  
Name OLIVEIRA, DOMINIC  
Address 1169 NORTH HWY 259  
City-State-Zip: HARDINSBURG KY 40143

*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 WOOD**

**PRESIDENT**

**04/14/2020**

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

\_\_\_\_\_  
Date