

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748265 (6)

1. Corporation Name

FLORIDA COUNCIL OF REACT TEAMS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 928
ORMOND BCH FL 32175
US

P.O. BOX 928
ORMOND BCH FL 32175
US

3. Date Incorporated or Qualified

07/30/1979

3a. Date of Last Report

02/22/1995

4. FEI Number

59-2963480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOGENITZ, M. BILL
203 NORTH McDONALD AVENUE
DELAND FL 32724-4513

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, ERIC	
STREET ADDRESS	2949 GARDEN TERR	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, WALT	
STREET ADDRESS	1220 JASMINE ST.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JONES, PAUL	
STREET ADDRESS	1225 BUENA DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RICE, A. W. (BILL)	
STREET ADDRESS	2026 N.E. 7TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHUVEN, MICHAEL	
STREET ADDRESS	152 KINGSTON AVE	
CITY-ST-ZIP	DAYTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Knott, John	
1.3 STREET ADDRESS	1410 New York Ave	
1.4 CITY-ST-ZIP	Orlando, FL	32803
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jones, Paul	
2.3 STREET ADDRESS	1225 Buena Dr	
2.4 CITY-ST-ZIP	Lakeland, FL	33805
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pickering, Bob	
3.3 STREET ADDRESS	286 Wellington Dr.	
3.4 CITY-ST-ZIP	Palm Coast, FL	32164
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICE, A.W. (Bill)	
4.3 STREET ADDRESS	2026 N.E. 7th Terr	
4.4 CITY-ST-ZIP	Gainesville, FL	32609
5.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Choven, Michael	
5.3 STREET ADDRESS	152 Kingston Ave.	
5.4 CITY-ST-ZIP	Daytona, FL	32114
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL CHUVEN, PRESIDENT

9/4/96
Date

904-253-0585
Daytime Phone #

CR2E037 (12/95)