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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 748265 1. Corporation Name

DELAND FL 32724-4513

GOTTLIEB, JACK

3430 S.W. 47TH AVE.

SAD

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FLORID/	A COUNCIL OF REACT TEAP	MS, INC.							
Principal Place of Business Mailing Address C/O M. BILL VOGENITZ 203 NORTH MCDONALD AVE. DELAND FL 32724 US Mailing Address C/O M. BILL VOGENITZ 203 NORTH MCDONALD AVE DELAND FL 32724 US			,						
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			3. Date Incorporated or Qualife 07/30/1979	d			
21		26			4. FEI Number			pplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2963480			ot Applicable	
22 City & Sta	to	City & State						Additional	
23		28			5. Certifcate of Status Desired		Fee R	equired	
Zip	Country	Zip	Country	y	Election Campaign Financing Trust Fund Contribution	,		May Be to Fees	
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New	Registered .		10 / 000	
······································	o. Hattle and Address of Curren	t togatorou rigani	81	Name					
VOGENIT	Z, M. BILL		82	Street Ad	dress (P.O. Box Number is Not Accep	table)	 ,		
	TH MCDONALD AVENUE			Substitutions (F.O. Box Number is Not Acceptable)					
DELAND FL 32724-4513			83	1					
			84	City			85 Zip	Code	
ı				1		FL	.	ł	
					and a submite this statement for the	a numosa of	changing it	s registered	
11. Pursuant office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State	2 and 617.1508, Florida Statutes, of Florida. Such change was auth	, the above	/e-named co / the corpora	rporation submits this statement for thation's board of directors. I hereby acc	e purpose of ept the appoi	changing it ntment as r	s registered egistered	
11. Pursuant office or agent. I a	t to the provisions of Sections 617.0507 registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 617.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 617.0503, Florida	, the above norized by a Statutes	/e-named co / the corpora s.	rporation submits this statement for thation's board of directors. I hereby acc	e purpose of ept the appoi	changing it ntment as r	s registered egistered	
11. Pursuant office or agent. I a	am ramiliar with, and accept the obligat	tions of, Section 617.0303, Florida	a Statute.	.	uired when reinstating)	DATE .			
agent. 1 a	am ramiliar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section 617.0303, Florida	a Statute.	.		DATE .	D DIRECT	ORS IN 12	
agent. 1 a	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Age	.	uired when reinstating)	DATE .		ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN PD KNOTT, JOHN	nt and title if applicable. (NOTE: Re	egistered Age	ent signature requ	uired when reinstating)	DATE .	D DIRECT	ORS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN PD KNOTT, JOHN 1410 NEW YORK AVE.,	nt and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME	ent signature requ	uired when reinstating)	DATE .	D DIRECT	ORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD KNOTT, JOHN 1410 NEW YORK AVE., ORLANDO FL 32803	nt and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature required to the signature required to the signature requirement of the signature requirem	uired when reinstating)	DATE .	ID DIRECT	ORS IN 12	
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agent. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD KNOTT, JOHN 1410 NEW YORK AVE., ORLANDO FL 32803 VPD POWER, ERIC	nt and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME	ert ADDRESS	uired when reinstating)	DATE .	ID DIRECT	ORS IN 12	
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AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD KNOTT, JOHN 1410 NEW YORK AVE., ORLANDO FL 32803 VPD POWER, ERIC 2949 GARDEN TERRACE, N.E. PALM BAY FL 32905 VPD PICKERING, ROBERT 286 WELLINGTON DRIVE PALM COAST FL 32164 SD PICKERING, ERIC 8 BUNKERVIEW DRIVE PALM COAST FL 32135	nt and title if applicable. (NOTE: Re ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.2 NAME	et address	ADDITIONS/CHANGES TO C	DATE.	D DIRECT Change	ORS IN 12 Addition Addition Addition	
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HOLLYWOOD FL 33023 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.4 CfTY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition