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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

FLORIDA COUNCIL OF REACT TEAMS, INC.

Principal Place of Business

C/O M. BILL VOENITZ
203 NORTH McDONALD AVE.
DELAND FL 32724
US

Mailing Address

C/O M. BILL VOENITZ
203 NORTH McDONALD AVE.
DELAND FL 32724
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/30/1979

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD
NAME KNOTT, JOHN
STREET ADDRESS 1410 NEW YORK AVE.,
CITY-ST-ZIP ORLANDO FL 32803

TITLE VPD ☐ DELETE
NAME POWER, ERIC
STREET ADDRESS 2949 GARDEN TERRACE, N.E.
CITY-ST-ZIP PALM BAY FL 32905

TITLE VPD ☐ DELETE
NAME PICKERING, ROBERT
STREET ADDRESS 286 WELLINGTON DRIVE
CITY-ST-ZIP PALM COAST FL 32164

TITLE SD ☒ DELETE
NAME PICKERING, ERIC
STREET ADDRESS 8 BUNKERVIEW DRIVE
CITY-ST-ZIP PALM COAST FL 32135

TITLE TD ☐ DELETE
NAME VOENITZ, M. BILL
STREET ADDRESS 203 NORTH McDONALD AVE.
CITY-ST-ZIP DELAND FL 32724-4513

TITLE SAD ☐ DELETE
NAME GOTTLIEB, JACK
STREET ADDRESS 3430 S.W. 47TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME CAULEY, MICHAEL
4.3 STREET ADDRESS 1410 NEW YORK AVE.,
4.4 CITY-ST-ZIP ORLANDO, FL., 32803

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: M. Bill Voentz **REQUIRED** **M. BILL VOENITZ, TREASURER** **1/15/99** **(904)734-8852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)