2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000002090 FIL FD MENNONITE DISASTER SERVICES OF FLORIDA, INC. 07 JUL -2 AM 8: 54 Principal Place of Business Mailing Address 1550 GRAND BLVD 1550 GRAND BLVD SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06262007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 65-1036290 Applied For City & State Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAUFFMAN, IVAN Street Address (P.O. Box Number is Not Acceptable) 155% GRAND BLVD SARASOTA, FL 34232 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DC TITLE TIBLE Delete NAME WALLS, RALPH KANFFMAN, IVAN 1590 GRAND Blud NAME 7736 OPEN LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP Delete TITLE WALLS, RALPH KAUFFMAN, IVAN NAME NAME 1550 GRAND BLVD. STREET ADDRESS STREET ADDRESS 7736, OPEN LOOP CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP Delete TITLE TITLE ☐ Change MILLER, DARRELL NAME NAME 900105642859 STREET ADDRESS 3935 SHADE AVE STREET ADDRESS 07/06/07--01085--015 **61.25 CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TD ☐ Detete TITLE Change ☐ Addition NAME ESH, KARLA NAME STREET ADDRESS 2400 APPALOOSA CIR STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34232 CITY - ST-7IP ППЕ ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

LVAN KAUFFMAN (DC) August Fundament 121/17 941-366-3088