

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002090

FILED
Jan 17, 2008
Secretary of State

Entity Name: MENNONITE DISASTER SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

1550 GRAND BLVD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

1550 GRAND BLVD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-1036290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFFMAN, IVAN
1550 GRAND BLVD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: KAUFFMAN, IVAN
Address: 1550 GRAND BLVD
City-St-Zip: SARASOTA, FL 34232

Title: DVC () Delete
Name: WALLS, RALPH
Address: 7736 OPEN LOOP
City-St-Zip: BRADENTON, FL 34202

Title: SD () Delete
Name: MILLER, DARRELL
Address: 3935 SHADE AVE
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: ESH, KARLA
Address: 2400 APPALOOSA CIR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KARLA ESH

TD

01/17/2008

Electronic Signature of Signing Officer or Director

Date