

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008389

FILED
Feb 26, 2009
Secretary of State

Entity Name: FLORIDA REGIONAL INTERFAITH/INTERAGENCY EMERGENCY NETWORK IN DISASTERS, INC.

Current Principal Place of Business:

16201 SW 95TH AVENUE
SUITE 105
MIAMI, FL 33142 US

New Principal Place of Business:

1651 W 37TH STREET
SUITE 406
HIALEAH, FL 33012 US

Current Mailing Address:

16201 SW 95TH AVENUE
STE 105
MIAMI, FL 33142 US

New Mailing Address:

1651 W 37TH STREET
SUITE 406
HIALEAH, FL 33012 US

FEI Number: 65-1072769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON WERNE, BETH
14940 SW 153 STREET,
SUITE 105
MIAMI, FL 33142 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: CPD () Delete
Name: VON WERNE, BETH
Address: 14940 SW 153 STREET, SUITE 105
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: SALEM, MICHAEL
Address: 16201 SW 95TH AVENUE SUITE 105
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: DAVIS, GREGG
Address: 2150 SW 8TH STREET
City-St-Zip: MIAMI, FL 33135

Title: D (X) Delete
Name: THOMPSON, KAREN G REV
Address: 16201 SW 95TH AVENUE SUITE 105
City-St-Zip: MIAMI, FL 33142

Title: D (X) Delete
Name: CAMERON, LYNNE
Address: 8900 NW 18 TERRACE
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: HOBSON, FRED
Address: 16201 SW 95TH AVENUE SUITE 105
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CTD (X) Change () Addition
Name: SALEM, MICHAEL
Address: 1651 W 37TH STREET, SUITE 406
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change () Addition
Name: HOBSON, FRED
Address: 1900 NE 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Change () Addition
Name: CAMERON, LYNNE
Address: 8900 NW 18 TERRACE
City-St-Zip: MIAMI, FL 33172

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: MICHAEL SALEM

CTD

02/26/2009

Electronic Signature of Signing Officer or Director

Date