

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005849

FILED  
May 17, 2010  
Secretary of State

Entity Name: FLORIDA C.E.R.T. ASSOCIATION, INC.

## Current Principal Place of Business:

2483 FRANKFORT CT.  
NORTH PORT, FL 34288 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 7292  
JUPITER, FL 33458 US

## New Mailing Address:

P. O. BOX 13551  
PENSACOLA, FL 33591 US

FEI Number: 01-0764856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCDERMOTT, LINDA TREA  
107 CHADWICK DRIVE  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

SARTAIN, MARALEE TREASUR  
7407 PETERSON LANE  
PENSACOLA, FL 33506 US

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: MARALEE SARTAIN

05/17/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D  
Name: CHAPMAN, DENNIS L P/D  
Address: 2483 FRANKFORT COURT  
City-St-Zip: NORTH PORT, FL 34288 US

Title: V/D  
Name: MORESCHI, DOUG V/D  
Address: 3019 SAND STONE CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: S/D  
Name: ARMSTRONG, PEGGY R S/D  
Address: 2682 HIDDEN ESTATES CIRCLE  
City-St-Zip: NAVARRE, FL 32566

Title: T/D  
Name: SARTAIN, MARALEE R T/D  
Address: 7407 PETERSON LANE  
City-St-Zip: PENSACOLA, FL 32506

Title: PIO  
Name: MURPHY, OFELIA  
Address: 926 RUE DE PALM  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D  
Name: REEVE II, HARRY D  
Address: PO BOX 272  
City-St-Zip: O'BRIEN, FL 32071

I hereby 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 all other like empowered.

SIGNATURE: MARALEE SARTAIN

TREA

05/17/2010

Electronic Signature of Signing Officer or Director

Date