

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002160

1. Entity Name
RED STAR CHILD PROTECTION TEAM, INC.



Principal Place of Business

P.O. BOX 120382
CLERMONT, FL 34712

Mailing Address

P.O. BOX 120382
CLERMONT, FL 34712



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
30-0156866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANES, SCOTT B
629 1/2 ELEVENTH STREET
CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANES, REBECCA
STREET ADDRESS	P.O. BOX 1312
CITY- ST- ZIP	ZELLWOOD, FL 32798
TITLE	D
NAME	COX, SANDRA
STREET ADDRESS	P.O. BOX 120382
CITY- ST- ZIP	CLERMONT, FL 34712
TITLE	S
NAME	WRAGG, ROBERT J
STREET ADDRESS	P.O. BOX 120382
CITY- ST- ZIP	CLERMONT, FL 34712
TITLE	T
NAME	HANES, SCOTT
STREET ADDRESS	P.O. BOX 1312
CITY- ST- ZIP	ZELLWOOD, FL 32798
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000308991
04/16/05-80018-019 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-05 407.375-9740