


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90038 042 \*\*\*\*70.00

<b>DOCUMENT # N03000002370</b> 1. Entity Name <b>EAST CENTRAL FLORIDA SEARCH AND RESCUE, INC.</b>			
Principal Place of Business <b>4470 GREENHILL ST COCOA, FL 32927</b>		Mailing Address <b>4470 GREENHILL ST COCOA, FL 32927</b>	
2. Principal Place of Business <b>533 Ward Ave.</b>		3. Mailing Address <b>533 Ward Ave.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Titusville, FL</b>		City & State <b>Titusville, FL</b>	
Zip <b>32796</b>		Zip <b>32796</b>	
Country 		Country 	
4. FEI Number <b>59-3522618</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ERENTREICH, CARL L 4470 GREENHILL ST COCOA, FL 32927</b>		7. Name and Address of New Registered Agent Name <b>Richard M. LaCroix</b> Street Address (P.O. Box Number is Not Acceptable) <b>533 Ward Ave.</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</b>	
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 <u>Richard M. LaCroix</u> DATE <u>2/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERENTREICH, CARL L 4470 GREENHILL ST COCOA, FL 32927 <input checked="" type="checkbox"/> Delete <i>Deceased as of Jan. 16, 2005</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACROIX, RICHARD M 533 WARD AVE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MULLIN, MICHAEL S 1891 BARKER ST., N.E. PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Richard M. LaCroix</u> Director <u>2/8/05</u> <u>321-427-3267</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			