2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004689

1. Entity Name
STRAWBERRY RIDGE COMMUNITY EMERGENCY RESPONSE TEAM, INC.

Principal Place of Business	Mailing Address
234 TAHO CIRCLE VALRICO, FL 33594	234 TAHO CIRCLE VALRICO, FL 33594

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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
14-1923035

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TATE, CAROL
135 CHOO CHOO LANE
VALRICO, FL 33594

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000614203
02/06/07-80015-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULLIVAN, MARTIN
STREET ADDRESS	234 TAHO CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	RAGONESE, LOIS
STREET ADDRESS	624 KLICKETY KLAK LANE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	TATE, CAROL
STREET ADDRESS	135 CHOO CHOO LANE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carol L. Tate 01/28/07 813-643-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #