


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004689 1. Entity Name STRAWBERRY RIDGE COMMUNITY EMERGENCY RESPONSE TEAM, INC.	
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Principal Place of Business 234 TAHO CIRCLE VALRICO, FL 33594	Mailing Address 234 TAHO CIRCLE VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1923035	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TATE, CAROL
135 CHOO CHOO LANE
VALRICO, FL 33594**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000840638 03/06/08-80055-017 70.00
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10. OFFICERS AND DIRECTORS

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

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 **2/21/08 813-643-1015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #