

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005967

FILED  
Mar 19, 2007  
Secretary of State

Entity Name: NIGHT RUNNERS MOBILE CRISIS SERVICES, INC.

**Current Principal Place of Business:**

3804 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

3804 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 06-1724005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOONE, RANDOLPH  
500 N. CONGRESS AVE.  
APT 193  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABRUEO, GILBERT  
Address: 3804 BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: ABRUEO, EVELYN  
Address: 3804 BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: BC ( ) Delete  
Name: BOONE, RANDOLPH PASTOR  
Address: 500 N. CONGRESS AVE. APT 193  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: MAUCH, MIKE MR.  
Address: 3804 BURNS ROAD  
City-St-Zip: PALM BEACH GARDEN, FL 33410

Title: S ( ) Delete  
Name: LUTHER, MIKE MR.  
Address: P.O. BOX 221634  
City-St-Zip: WEST PALM BEACH, FL 33422

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVELYN ABRUEO

VP

03/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date