

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005967

FILED
Mar 17, 2009
Secretary of State

Entity Name: NIGHT RUNNERS MOBILE CRISIS SERVICES, INC.

Current Principal Place of Business:

106 DR. KING LUTHER KING DRIVE
WILDWOOD, FL 34785

New Principal Place of Business:

755 S. LITTLE JOHN AVENUE
INVERNESS, FL 34450

Current Mailing Address:

P.O. BOX 132
LAKE PANASOFFKEE, FL 33538

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:

ABRUEO, GILBERT REV.
106 DR. MARTIN LUTHER KING DRIVE
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

ABRUEO, GILBERT REV.
755 S. LITTLE JOHN AVENUE
INVERNESS, FL 34450 US

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: _____ 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABRUEO, GILBERT REV.
Address: P.O. BOX 132
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VP () Delete
Name: ABRUEO, EVELYN MRS.
Address: P.O. BOX 132
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: T () Delete
Name: MEDINA, NESTOR MR.
Address: 8205 BELVEDERE ROAD, APT. 102
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SEC. () Delete
Name: RAMOS, JR., LUIS MR.
Address: 24352 ROLLING VIEW COURT
City-St-Zip: LUTZ, FL 33559

Title: () Delete
Name:
Address:
City-St-Zip:

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: BM () Change (X) Addition
Name: RAMOS, VIOLET MRS.
Address: 3906 AMBOY ROAD
City-St-Zip: STATEN ISLAND, NY 10308

I hereby certify that the information supplied with this filing does not qualify 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 03/17/2009
Electronic Signature of Signing Officer or Director Date