

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005967

FILED
Apr 12, 2012
Secretary of State

Entity Name: NIGHT RUNNERS MOBILE CRISIS SERVICES, INC.

Current Principal Place of Business:

4801 NORTH FLORIDA AVENUE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

4801 NORTH FLORIDA AVENUE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 06-1724005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRUEO, GILBERT REV.
4801 NORTH FLORIDA AVENUE
HERNANDO, FL 34442 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
Name: ABRUEO, GILBERT REV.
Address: 4801 NORTH FLORIDA AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: VP
Name: ABRUEO, EVELYN MRS.
Address: 4801 NORTH FLORIDA AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: T
Name: MEDINA, NESTOR MR.
Address: 13257 85TH ROAD NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: SEC.
Name: RAMOS, JR., LUIS MR.
Address: 4810 NORTH COLLINS AVENUE
City-St-Zip: TAMPA, FL 33603

Title: BM
Name: DELGADO, SANDRA MRS.
Address: 3906 AMBOY ROAD
City-St-Zip: STATEN ISLAND, NY 10308

I hereby 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 all other like empowered.

SIGNATURE: GILBERT ABRUEO

P

04/12/2012

Electronic Signature of Signing Officer or Director

Date