


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90003 050 ****70.00

| | | | | | |
|--|----------------------|--|---|---|--|
| DOCUMENT # N05000004238 1. Entity Name NORTH PORT COMMUNITY EMERGENCY RESPONSE TEAM, INC. | | | |  | |
| Principal Place of Business 2717 BEGONIA TERRACE NORTH PORT, FL 34286 | | | Mailing Address 2717 BEGONIA TERRACE NORTH PORT, FL 34286 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 09032006 Chg-NP CR2E037 (4/06) 4. FEI Number 51-0544415 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 | | | 7. Name and Address of New Registered Agent | | |
| JENNINGS, MICHAEL 2717 BEGONIA TERRACE NORTH PORT, FL 34286 | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JENNINGS, MICHAEL | | NAME | | |
| STREET ADDRESS | 2717 BEGONIA TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PORT, FL 34286 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PIER, ARTHUR | | NAME | | |
| STREET ADDRESS | 4005 HOLIN LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PORT, FL 34287 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BARKENQUAST, JOHN | | NAME | | |
| STREET ADDRESS | 3655 ALBIN AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PORT, FL 34286 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Michael Jennings</i> | | 9-1-06 | | 941-416-3021 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |