

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004238

**FILED  
Mar 14, 2007  
Secretary of State**

**Entity Name:** NORTH PORT COMMUNITY EMERGENCY RESPONSE TEAM, INC.

**Current Principal Place of Business:**

2717 BEGONIA TERRACE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

2717 BEGONIA TERRACE  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 51-0544415      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JENNINGS, MICHAEL  
2717 BEGONIA TERRACE  
NORTH PORT, FL 34286      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: PD      ( ) Delete  
Name: JENNINGS, MICHAEL  
Address: 2717 BEGONIA TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: SD      (X) Delete  
Name: PIER, ARTHUR  
Address: 4005 HOLIN LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: D      ( ) Delete  
Name: BARKENQUAST, JOHN  
Address: 3655 ALBIN AVENUE  
City-St-Zip: NORTH PORT, FL 34286

**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:

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: MICHAEL JENNINGS

PD

03/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date