2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# N05000011830

Entity Name: NAVARRE COMMUNITY EMERGENCY RESPONSE TEAM, INC.

Current Principal Place of Business:

8476 GORDON GOODIN LN
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

8476 GORDON GOODIN LN
NAVARRE, FL 32566

New Mailing Address:

1724 SEA LARK LN
NAVARRE, FL 32566 74

FEI Number: 20-3944209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOHERTY, THOMAS J
9139 RIDGE DR
NAVARRE, FL 32566 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:	C/D	( ) Delete
Name:	DOHERTY, THOMAS(TJ)	
Address:	9139 RIDGE DR	
City-St-Zip:	NAVARRE, FL 32566	
Title:	VC/D	( ) Delete
Name:	SANDLER, MICHAEL(MIKE)	
Address:	1905 WILLIAMS CREEK DR	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	GREENE, LOUIS(LOU)	
Address:	1899 RESERVE BLVD - # 68	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	D	( ) Delete
Name:	CLONINGER, DONALD(DON)	
Address:	8124 COUNTRY BAY BLVD	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	AGNEW, RALPH	
Address:	1749 SHELLFISH DR	
City-St-Zip:	NAVARRE, FL 32566	
Title:	SD	( ) Delete
Name:	FERSON, SUSAN(SUE)	
Address:	1724 SEA LARK LN	
City-St-Zip:	NAVARRE, FL 32566	

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:	
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: SUSAN FERSON SD 04/05/2006

Electronic Signature of Signing Officer or Director — Date