

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90005 006 ****61.25

DOCUMENT # N05000011830					
1. Entity Name NAVARRE COMMUNITY EMERGENCY RESPONSE TEAM, INC.					
Principal Place of Business 8476 GORDON GOODIN L NAVARRE, FL 32566 US			Mailing Address 8668 NAVARRE PKWY # 362 NAVARRE, FL 32566 74		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent DOHERTY, THOMAS J 9139 RIDGE DR NAVARRE, FL 32566				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	C/D DOHERTY, THOMAS(TJ) 9139 RIDGE DR NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT FERSON 1724 SEA LARK LN NAVARRE - FL - 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, MICHAEL(MIKE) 1905 WILLIAMS CREEK DR NAVARRE, FL 32566	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, LOUIS(LOU) 6624 TIDEWATER DRIVE NAVARRE, FL 32566	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PIANSKY, HOWARD 2018 COSTA VERDE CR NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGNEW, RALPH 1749 SHELLFISH DR NAVARRE, FL 32566	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERSON, SUSAN(SUE) 1724 SEA LARK LN NAVARRE, FL 32566	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Robert Ferson</i>				02-06-2008 (850) 936-5163	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

40020300



02042008 Chg-NP CR2E037 (12/08)

4. FEI Number
20-3944209

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DOHERTY, THOMAS J
9139 RIDGE DR
NAVARRE, FL 32566

7. Name and Address of New Registered Agent
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.

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Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C/D
DOHERTY, THOMAS(TJ)
9139 RIDGE DR
NAVARRE, FL 32566

D
SANDLER, MICHAEL(MIKE)
1905 WILLIAMS CREEK DR
NAVARRE, FL 32566

D
GREENE, LOUIS(LOU)
6624 TIDEWATER DRIVE
NAVARRE, FL 32566

VCD
PIANSKY, HOWARD
2018 COSTA VERDE CR
NAVARRE, FL 32566

D
AGNEW, RALPH
1749 SHELLFISH DR
NAVARRE, FL 32566

SD
FERSON, SUSAN(SUE)
1724 SEA LARK LN
NAVARRE, FL 32566

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SIGNATURE: *Robert Ferson* 02-06-2008 (850) 936-5163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #