

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000549

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** THE CONNECTION DISASTER RELIEF, INC.

**Current Principal Place of Business:**

1567 QUAIL ROOST LANE  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

1567 QUAIL ROOST LANE  
JACKSONVILLE, FL 32220

**New Mailing Address:**

**FEI Number:** 83-0449274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POOLE, JERRY R JR.  
1214 FEDERICA PLACE  
JACKSONVILLE, FL 32205      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  
**Name:** RAGLAND, PATRICK M  
**Address:** 1567 QUAIL ROOST LANE  
**City-St-Zip:** JACKSONVILLE, FL 32220

**Title:** TD  
**Name:** RAGLAND, B MICHELLE RAGLAND  
**Address:** 1567 QUAIL ROOST LANE  
**City-St-Zip:** JACKSONVILLE, FL 32220

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: B MICHELLE RAGLAND

TD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date