

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004096

FILED
Mar 06, 2009
Secretary of State

Entity Name: NORTHEAST FLORIDA DISASTER REPONSE TEAM, INC.

Current Principal Place of Business:

14476 DUVAL PLACE WEST 203
JACKSONVILLE, FL 32218

New Principal Place of Business:

11336 BUSINESS PARK BLVD
JACKSONVILLE, FL 32258

Current Mailing Address:

1339 NORTH KYLE WAY
SAINT JOHNS, FL 32259

New Mailing Address:

765 ESTATES COVE ROAD
JACKSONVILLE, FL 32221

FEI Number: 26-2467522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHROPSHIRE, DANA L
765 ESTATES COVE ROAD
JACKSONVILLE, FL 32221 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: P () Delete
Name: DAVIS, JOHN A III
Address: 1339 NORTH KYLE WAY
City-St-Zip: ST JOHNS, FL 32259

Title: VP () Delete
Name: DAVIS, III, JOHN A
Address: 1339 NORTH KYLE WAY
City-St-Zip: SAINT JOHNS, FL 32259

Title: ST () Delete
Name: SHROPSHIRE, DANA L
Address: 765 ESTATES COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP (X) Delete
Name: VAN, RONALD J
Address: 4248 RIPKEN CIR EAST
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RIOS, LUIS E JR
Address: 2409 STOCKTON DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: COO (X) Change () Addition
Name: PARKER, LINDA S
Address: 110-2 SOUTHERN BRIDGE BLVD
City-St-Zip: JACKSONVILLE, FL 32259

Title: CFO (X) Change () Addition
Name: SHROPSHIRE, DANA L
Address: 765 ESTATES COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DANA L. SHROPSHIRE

CFO

03/06/2009

Electronic Signature of Signing Officer or Director

Date