

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004096

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA DISASTER REPONSE TEAM, INC.

**Current Principal Place of Business:**

8551WESTSIDE INDUSTRIAL DRIVE UNIT 9  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

**Current Mailing Address:**

765 ESTATES COVE ROAD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**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: CEO  
Name: RIOS, LUIS E JR  
Address: 2409 STOCKTON DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: COO  
Name: PARKER, LINDA S  
Address: 128 WHETHERBINE WAY W  
City-St-Zip: TALLAHASSEE, FL 32301

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

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: DANA L. SHROPSHIRE

CFO

01/12/2011

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

\_\_\_\_\_  
Date