2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N08000005726

Entity Name: FRIENDS OF RESPONDING EMERGENCY SERVICE TEAMS, INC.

Current Principal Place of Business:

222 CARRERA DR.
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

222 CARRERA DR.
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASKA, SALLY
17620 SE 82 ANNADALE TERRACE
THE VILLAGES, FL 32162 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: D ( ) Delete
Name: SCIPEONE, SUE
Address: 2537 CARIBE DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: D ( ) Delete
Name: HUDY, PATRICIA
Address: 222 CARRERA DR.
City-St-Zip: THE VILLAGES, FL 32159

Title: D ( ) Delete
Name: KASKA, SALLY
Address: 17620 SE 82 ANNADALE TERR
City-St-Zip: THE VILLAGES, FL 32162

Title: D ( ) Delete
Name: HOFFSTEIN, SISTA M.
Address: 837 MAYBANK LOOP
City-St-Zip: THE VILLAGES, FL 32162

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:

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: SUE SCIPEONE D 02/23/2009
Electronic Signature of Signing Officer or Director — Date