

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009920

FILED
Feb 24, 2010
Secretary of State

Entity Name: CORPORATION FOR EMERGENCY PREPAREDNESS AND RESPONSE, INC.

Current Principal Place of Business:

5550 ROUND PEN LANE
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6223 HIGHWAY 90
#182
MILTON, FL 32570 US

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:

GULLEY, JACQUELINE M
6223 HIGHWAY 90
#182
MILTON, FL 32570 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: GULLEY, JACQUELINE M
Address: PO BOX 3470
City-St-Zip: MILTON, FL 32572 US

Title: TD
Name: BREWER, WARD W II
Address: 6223 HWY 90 #182
City-St-Zip: MILTON, FL 32570 US

Title: SD
Name: GUILLES, KENNETH E
Address: 429 PALM LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32507 US

Title: VD
Name: DALLAS, CHAM E
Address: 452 MASON MILL ROAD
City-St-Zip: DANIELSVILLE, GA 30633 US

Title: VD
Name: RUTHERFOORD, THOMAS D JR.
Address: 3333 P STREET NW
City-St-Zip: WASHINGTON, DC 20007 US

Title: VD
Name: COWAN, EDWARD J
Address: 6717 MINK HOLLOW ROAD
City-St-Zip: HIGHLAND, MD 20777 US

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: WARD W. BREWER II

TD

02/24/2010

Electronic Signature of Signing Officer or Director

_____ Date