

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003168

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** ANNA MARIA ISLAND COMMUNITY EMERGENCY RESPONSE TEAM, INC.

**Current Principal Place of Business:**

5300 GULF DRIVE, UNIT 105  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1555  
HOLMES BEACH, FL 34218

**New Mailing Address:**

**FEI Number:** 27-5217173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROSS, PETER  
5300 GULF DRIVE, UNIT 105  
HOLMES BEACH, FL 34217 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:** GROSS, PETER  
**Address:** 5300 GULF DRIVE, UNIT 105  
**City-St-Zip:** HOLMES BEACH, FL 34217

**Title:** VPD  
**Name:** SHUMAN, BILL  
**Address:** 5300 GULF DRIVE, UNIT 105  
**City-St-Zip:** HOLMES BEACH, FL 34217

**Title:** SD  
**Name:** NAKAJIMA, MERI  
**Address:** 5300 GULF DRIVE, UNIT 105  
**City-St-Zip:** HOLMES BEACH, FL 34217

**Title:** TD  
**Name:** KELLEY, PIERRETTE  
**Address:** 5300 GULF DRIVE, UNIT 105  
**City-St-Zip:** HOLMES BEACH, FL 34217

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:** PETER GROSS

PD

02/20/2012

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

\_\_\_\_\_  
Date