

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

DOCUMENT# N11000005445

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** SPIRITUAL CARE RESPONSE TEAM - DRT INC.

**Current Principal Place of Business:**

3846 ZION ROAD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3846 ZION ROAD  
JACKSONVILLE, FL 32207

**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:**

FLOWERS, SONIA  
3846 ZION ROAD  
JACKSONVILLE, FL 32207 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: CHM  
Name: STASI, PAUL  
Address: 3846 ZION ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: O  
Name: BELCHER, MARSHALL  
Address: 3846 ZION ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC  
Name: JONES, JASON  
Address: 3846 ZION ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

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:** PAUL C. STASI

CHM

04/14/2012

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

\_\_\_\_\_  
Date