

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 3:06

DOCUMENT # N23778 (6)

1. Corporation Name

CRITICAL INCIDENT STRESS DEBRIEFERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**SCHWARTZ, MARILYN
3717 SOUTH CONWAY RD
ORLANDO FL 32812-7607**

**SCHWARTZ, MARILYN
3717 SOUTH CONWAY RD
ORLANDO FL 32812-7607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1987** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-2874812** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, MARILYN
3717 SOUTH CONWAY RD
ORLANDO FL 32812**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARE, DENNY
STREET ADDRESS	P.O. BOX 8298 N/A D
CITY-ST-ZIP	NAPLES FL 33941
TITLE	V
NAME	TODERO, JOHN
STREET ADDRESS	200 W. COUNTRY HOME RD.
CITY-ST-ZIP	SANFORD FL 32773
TITLE	T
NAME	FREEMAN, DAVID
STREET ADDRESS	1102 S. WOODS AVE.
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	SD
NAME	MURPHY-HAYGOOD, VIRGINIA
STREET ADDRESS	2020 WILTON DRIVE
CITY-ST-ZIP	WILTON MANON FL
TITLE	D
NAME	SCHWARTZ, MARILYN
STREET ADDRESS	3717 S CONWAY RD
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Schwartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN SCHWARTZ

3/31/05

407 273 2473

Date

Telephone