

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-8-96

B-3205

C

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

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3717 SOUTH CONWAY RD  
ORLANDO FL 32812-7607

3. Date Incorporated or Qualified  
12/08/1987

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-2874812

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 617.0502 and 617.1508, 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 617.0503, 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 8296 N/A D  
CITY-ST-ZIP NAPLES FL 33941

DELETE

TITLE V  
NAME TODERO, JOHN  
STREET ADDRESS 200 W. COUNTRY HOME RD.  
CITY-ST-ZIP SANFORD FL 32773

DELETE

TITLE T  
NAME FREEMAN, DAVID  
STREET ADDRESS 1102 S. WOODS AVE.  
CITY-ST-ZIP ORLANDO FL 32805

DELETE

TITLE SD  
NAME MURPHY-HAYGOOD, VIRGINIA  
STREET ADDRESS 2020 WILTON DRIVE  
CITY-ST-ZIP WILTON MANON FL

DELETE

TITLE D  
NAME SCHWARTZ, MARILYN  
STREET ADDRESS 3717 S CONWAY RD  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Riccardo Rivas  
1.3 STREET ADDRESS 3435 10th St. N Ste 303  
1.4 CITY-ST-ZIP Naples, FL 33940

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE T  
3.2 NAME Mike DeLoach  
3.3 STREET ADDRESS 379 Hickory Drive  
3.4 CITY-ST-ZIP Maitland, FL 32751

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/96

(407) 273-2473

CR2E037 (12/95)