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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90050 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23778
 1. Corporation Name
CRITICAL INCIDENT STRESS DEBRIEFERS OF FLORIDA, INC.

437237 - 90045 - 50



Principal Place of Business SCHWARTZ MARILYN 3717 SOUTH CONWAY RD ORLANDO FL 32812-7607	Mailing Address SCHWARTZ MARILYN 3717 SOUTH CONWAY RD ORLANDO FL 32812-7607
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/08/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2874812
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SCHWARTZ, MARILYN 3717 SOUTH CONWAY RD ORLANDO FL 32812	10. Name and Address of New Registered Agent 81 Name Beth Brunner 82 Street Address (P.O. Box Number is Not Acceptable) 3717 S. Conway Rd 83 Orlando FL 84 City FL 85 Zip Code 32812
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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: *Beth Brunner* DATE: 4/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVAS, RICCARDO		1.2 NAME	
STREET ADDRESS 3435 10TH ST N SUITE 303		1.3 STREET ADDRESS	
CITY-STATE-ZIP NAPLES FL		1.4 CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TODERO, JOHN		2.2 NAME	
STREET ADDRESS 200 W. COUNTRY HOME RD.		2.3 STREET ADDRESS	
CITY-STATE-ZIP SANFORD FL 32773		2.4 CITY-STATE-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELOACH, MIKE		3.2 NAME	
STREET ADDRESS 379 HICKORY DRIVE		3.3 STREET ADDRESS	
CITY-STATE-ZIP MAITLAND FL		3.4 CITY-STATE-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY-HAYGOOD, VIRGINIA		4.2 NAME	
STREET ADDRESS 2020 WILTON DRIVE		4.3 STREET ADDRESS	
CITY-STATE-ZIP WILTON MANON FL		4.4 CITY-STATE-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, MARILYN		5.2 NAME	
STREET ADDRESS 3717 S CONWAY RD		5.3 STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL		5.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Beth Brunner		6.2 NAME	
STREET ADDRESS 3717 S. Conway Rd		6.3 STREET ADDRESS	
CITY-STATE-ZIP Orlando FL 32812		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Beth Brunner* DATE: 4/5/99 DAYTIME PHONE #: 407-273-2473

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