

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23778

FILED  
Mar 25, 2004  
Secretary of State

**Entity Name:** CRITICAL INCIDENT STRESS DEBRIEFERS OF FLORIDA, INC.

**Current Principal Place of Business:**

5680 SW 87 AVENUE  
MIAMI DADE FIRE RESCUE DEPT  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

5680 SW 87 AVENUE  
MIAMI DADE FIRE RESCUE DEPARTMENT  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 59-2874812      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DURAN, NATALIE  
5680 SW 87 AVENUE  
MIAMI, FL 33173      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: PT      ( ) Delete  
Name: DURAN, NATALIE  
Address: 5680 SW 87 AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: VPSD      ( ) Delete  
Name: HAYGOOD, VIRGINIA  
Address: 2020 WILTON DRIVE  
City-St-Zip: WILTON MANOR, FL 38305

Title: S      ( ) Delete  
Name: WHITNEY, SUSAN B  
Address: 1502 BUSCH BLVD STE F  
City-St-Zip: TAMPA, FL 33612

Title: D      ( ) Delete  
Name: BULLMAN, DR., GLORIA  
Address: 7380 SAND LAKE RD. SUITE 500  
City-St-Zip: ORLANDO, FL 32819

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: GOLDBLATT, ROBYN  
Address: P.O. BOX 721588  
City-St-Zip: ORLANDO, FL 32872

Title: D      (X) Change ( ) Addition  
Name: WHITNEY, SUSAN  
Address: 1502 BUSCH BLVD STE F  
City-St-Zip: TAMPA, FL 33612

Title: T      ( ) Change (X) Addition  
Name: LORENZO, CARLOS  
Address: P.O. BOX 721588  
City-St-Zip: ORLANDO, FL 32872

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

SIGNATURE: NATALIE DURAN

PT

03/25/2004

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

\_\_\_\_\_  
Date