

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23778

FILED
Apr 29, 2005
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 ()

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: GOLDBLATT, ROBYN
Address: P.O. BOX 721588
City-St-Zip: ORLANDO, FL 32872

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CARLOS LORENZO

T

04/29/2005

Electronic Signature of Signing Officer or Director

Date