2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 8:00 am Secretary of State

DOCUMENT # N39615 1. Entity Name OCALA - MARION COUNTY CRITICAL INCIDENT STRESS DEBRIEFERS, INC.							03-03-2004 90004 020 ****61.25						
Principal Place of Business 521 SE 26TH CT 0CALA, FL 34471			521 \$	Mailing Address 521 SE 26TH CT OCALA, FL 34471 US				54014331					
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02272004	Chg-NP	С	R2E03	7 (10/03)	•
City & State			City & State					4. FEI Numbe 59-306					oplied For ot Applicable
Zip	Zip Country		Zip	ip Cou		intry	5. Certificate of S		of Status Des	ired (\$8.75 Adee Require	
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and	Address of I	New Regis	tered A	gent	
ROBARGE, ROBIN 521 SE 26TH CT OCÁLA, FL 34471						Name Street Address (P.O. Box Number is Not Acceptable)							
				<u>سميريونسمس ب</u> پ ي		City	پ، سامنو در عب					Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its register						'				•	FL		
the obligati	named entity ions of regist	y submits this statement to tered agent.	r the purpo	ose of changing its	s registere	ad office o	r register	ed agent, or bo	th, in the State	of Florida	ı. lam f	amiliar with	, and accept
SIGNATURE .													
SIGNATURE -	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)			DATE		
SIGNATURE	Filing Fe	or printed name of registered agent ee is \$61.25 May 1, 2004	and title if appl	9. Election Ca Trust Fund	mpaign F	inancing	ure required	\$5.00 May E	Be .		check	payable i	
10.	Filing Fe Due by N	e is \$61.25		9. Election Ca	mpaign F	inancing		\$5.00 May B		Florida	check Depart	ment of S	tate
10.	Filing Fe Due by N	ne is \$61.25 May 1, 2004 OFFICERS AND DIF		9. Election Ca	mpaign F Contributi	inancing ion.		\$5.00 May E Added to Fees	ANGES TO O	Florida FFICERS A	check Depart	ment of S	tate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILING FEDURE BY NOTE A SECTION FOR A SECTIO	OFFICERS AND DIF E, SHARON 10TH ST EL 34470 ON, GEORGE		9. Election Ca Trust Fund	mpaign F Contributi 11. TITLE NAM STRE CITY	Financing ion. E E E E SET ADDRESS -ST-ZIP	5 Barr	\$5.00 May E Added to Fees ADDITIONS/CH	ANGES TO O	Florida FFICERS A	check Depart	ment of S	tate V
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS.	FALCONE 4525 NW OCALA, F D ROBINSO 15455 S.W	OFFICERS AND DIF		9. Election Ca Trust Fund	mpaign F Contributi 11. TITLE NAM STRE CITY TITLE NAM STRE	Financing ion. E E E E E E T ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	5 Barr	\$5.00 May E Added to Fees ADDITIONS/CH	ANGES TO O	Florida FFICERS A	check Depart	ment of S	N 10 — Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SMINING

Robin Robarge

2127/04

(352)620.3484

Daytime Phy