


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39615</b> 1. Entity Name OCALA - MARION COUNTY CRITICAL INCIDENT STRESS DEBRIEFERS, INC.	
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Principal Place of Business  
521 SE 26TH CT  
OCALA, FL 34471

Mailing Address  
521 SE 26TH CT  
OCALA, FL 34471 US



01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3063826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBARGE, ROBIN  
521 SE 26TH CT  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	BARRERAS, VICTORIA
STREET ADDRESS	99 NW #7 PLACE
CITY - ST - ZIP	OCALA, FL 34475
TITLE	D
NAME	ROBINSON, GEORGE
STREET ADDRESS	15455 S.W. 85 AVE
CITY - ST - ZIP	DUNNELLON, FL
TITLE	D
NAME	STOOTOFF, BRIAN
STREET ADDRESS	712 SE 3RD ST
CITY - ST - ZIP	OCALA, FL 34471
TITLE	T
NAME	ROBARGE, ROBIN
STREET ADDRESS	3307 SE 32ND CT
CITY - ST - ZIP	OCALA, FL 34479
TITLE	P
NAME	GRIER, CLIFF
STREET ADDRESS	5198 SW 80TH AVE
CITY - ST - ZIP	OCALA, FL 34481
TITLE	V
NAME	HALEY, TIMOTHY
STREET ADDRESS	11270 SW 110TH AVE
CITY - ST - ZIP	DUNNELLON, FL 34432

1100000390489  
01/23/06 60028-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Robin Robarge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robin Robarge*

1-17-06

(352) 671-8437

Date

Daytime Phone #