

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90197 018 ****70.00

DOCUMENT # N39615

1. Entity Name
**OCALA - MARION COUNTY CRITICAL INCIDENT STRESS
DEBRIEFERS, INC.**



Principal Place of Business
**521 SE 26TH CT
OCALA, FL 34471**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3063826

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **S** ☐ Delete
STOOTHOFF, ALINA
STREET ADDRESS
712 SE 3 ST.
CITY-ST-ZIP
OCALA, FL 34471

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
ROBINSON, GEORGE
STREET ADDRESS
15455 S.W. 85 AVE
CITY-ST-ZIP
DUNNELLON, FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
STOOTHOFF, BRIAN
STREET ADDRESS
712 SE 3RD ST
CITY-ST-ZIP
OCALA, FL 34471

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **T** ☐ Delete
ROBARGE, ROBIN
STREET ADDRESS
3307 SE 32ND CT
CITY-ST-ZIP
OCALA, FL 34479

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **P** ☒ Delete
GRIER, CLIFF
STREET ADDRESS
5198 SW 80TH AVE
CITY-ST-ZIP
OCALA, FL 34481

TITLE
NAME **Samuel Berman** ☒ Change ☐ Addition
STREET ADDRESS
1109 NE 8th AVE
CITY-ST-ZIP
Ocala, FL 34470

TITLE
NAME **V** ☒ Delete
PALMESE, ANTHONY REV
STREET ADDRESS
443 MARION OAKS DRIVE
CITY-ST-ZIP
OCALA, FL 34473

TITLE
NAME **Gail Devilling** ☒ Change ☐ Addition
STREET ADDRESS
351 NE 45 Terrace
CITY-ST-ZIP
OCALA, FL 34470

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 P Robarge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

(352) 671-8437

Daytime Phone #