

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39615

FILED
Feb 27, 2009
Secretary of State

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

Current Principal Place of Business:

521 SE 26TH CT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

521 SE 26TH CT
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3063826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBARGE, ROBIN
521 SE 26TH CT
OCALA, FL 34471 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: S () Delete
Name: STOOHOFF, ALINA
Address: 712 SE 3 ST.
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: ROBINSON, GEORGE
Address: 15455 S.W. 85 AVE
City-St-Zip: DUNNELLON, FL

Title: D () Delete
Name: STOOTOFF, BRIAN
Address: 712 SE 3RD ST
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: ROBARGE, ROBIN
Address: 3307 SE 32ND CT
City-St-Zip: OCALA, FL 34479

Title: P () Delete
Name: BERMAN, SAMUEL
Address: 1109 NE 8TH AVE
City-St-Zip: OCALA, FL 34470

Title: V () Delete
Name: DEVILLING, GAIL
Address: 351 NE 45 TERRACE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RISPOLI, DOTTY
Address: 402S. PINE AVE
City-St-Zip: OCALA, FL 34474

Title: P (X) Change () Addition
Name: ROBINSON, GEORGE
Address: 15455 S.W. 85 AVE
City-St-Zip: DUNNELLON, FL 34432

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

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

Title: D (X) Change () Addition
Name: DEVILLING, KEVIN
Address: 351 NE 45 TERRACE
City-St-Zip: OCALA, FL 34470

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBIN ROBARGE

T

02/27/2009

Electronic Signature of Signing Officer or Director

Date