

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N48489** (1)

1. Corporation Name  
**VOLUNTEER SCIENTIFIC RESEARCH TEAM, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 381 CAPE CORAL FL 33910-0381

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **04/16/1992** 3a. Date of Last Report **04/04/1995**  
4. FEI Number **65-0338294** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CASSIDY, FRANCIS G**  
**4414 S.W. 15TH AVENUE**  
**CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent  
Name **KEITH BAKER**  
Street Address (P.O. Box Number is Not Applicable) **1206 SE 33rd St**  
City **CAPE CORAL** FL 85 Zip Code **33904**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Keith Baker* DATE **4/16/96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS |   | 13.                |
|----------------------------|---|--------------------|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          |
| NAME                       | <b>CASSIDY, FRANCIS G.</b>                          | 1.2 NAME           |
| STREET ADDRESS             | <b>4414 SW 15TH AVENUE</b>                          | 1.3 STREET ADDRESS |
| CITY-ST-ZIP                | <b>CAPE CORAL FL</b>                                | 1.4 CITY-ST-ZIP    |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 2.1 TITLE          |
| NAME                       | <b>HASSETT, SUSIE</b>                               | 2.2 NAME           |
| STREET ADDRESS             | <b>5222 STRATFORD CT.</b>                           | 2.3 STREET ADDRESS |
| CITY-ST-ZIP                | <b>CAPE CORAL FL 33904</b>                          | 2.4 CITY-ST-ZIP    |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE          |
| NAME                       | <b>CEILLEY, DAVID</b>                               | 3.2 NAME           |
| STREET ADDRESS             | <b>2348 ALDRIDGE AVENUE</b>                         | 3.3 STREET ADDRESS |
| CITY-ST-ZIP                | <b>FT. MYERS FL</b>                                 | 3.4 CITY-ST-ZIP    |
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE          |
| NAME                       | <b>CROTEAU, RONALD</b>                              | 4.2 NAME           |
| STREET ADDRESS             | <b>4827 SW 2ND AVENUE</b>                           | 4.3 STREET ADDRESS |
| CITY-ST-ZIP                | <b>CAPE CORAL FL</b>                                | 4.4 CITY-ST-ZIP    |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE            | 5.1 TITLE          |
| NAME                       | <b>BAKER, KEITH</b>                                 | 5.2 NAME           |
| STREET ADDRESS             | <b>1417 SE 39TH STREET</b>                          | 5.3 STREET ADDRESS |
| CITY-ST-ZIP                | <b>CAPE CORAL FL</b>                                | 5.4 CITY-ST-ZIP    |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE          |
| NAME                       |   | 6.2 NAME           |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP    |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
**KEITH BAKER**  
**1206 SE 33 ST.**  
**CAPE CORAL FL.**  
**33904**  
 Change  Addition  
**DAVID CEILLEY**  
**18644 Holly Rd**  
**SAN CARLOS PARK, FL 33912**  
 Change  Addition  
**RONALD CROTEAU**  
**1814 Rhonda St**  
**Ft. Myers, FL 33901**  
 Change  Addition  
**500001849105**  
**-06/04/96--01016--013**  
**\*\*\*61.25**  
**5/1/92**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith Baker* DATE **4/16/96** (941) 2754355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)