

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90181 019 \*\*\*\*61.25

40068004



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0338294

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

DOCUMENT # N48489

1. Entity Name  
VOLUNTEER SCIENTIFIC RESEARCH TEAM, INC.



Principal Place of Business  
17121 PRIMAVERA CIR  
CAPE CORAL, FL 33909

Mailing Address  
17121 PRIMAVERA CIR  
CAPE CORAL, FL 33909

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASSETT, SUSAN  
17121 PRIMAVERA CIR  
CAPE CORAL, FL 33908

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, 2007

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 D  
NAME HEATH, TERI  
STREET ADDRESS 1814 RHONDA ST  
CITY-ST-ZIP FORT MYERS, FL 33901 ☒ Delete

TITLE S  
NAME Jennifer Brown  
STREET ADDRESS 4527 Pelican Blvd.  
CITY-ST-ZIP Cape Coral, FL 33914 ☐ Change ☒ Addition

TITLE VP  
NAME HASSETT, SUSAN  
STREET ADDRESS 17121 PRIMAVERA CIRCLE  
CITY-ST-ZIP CAPE CORAL, FL 33909 ☐ Delete

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

TITLE T  
NAME HEIST, LORRAINE  
STREET ADDRESS 17568 BRADDOCK ROAD  
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Delete

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

TITLE P  
NAME BRENNAN, MARC  
STREET ADDRESS 1411 N.E. 17TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33909 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Lorraine Heist* Lorraine Heist

4/20/07

239-489-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #