

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90248 039 ****61.25

0012288

DOCUMENT # N93000002621

1. Corporation Name

SOUTH EAST SEARCH AND RESCUE, INC.

Principal Place of Business

**818 NW 202 STREET
NEWBERRY FL 32669**

Mailing Address

**818 NW 202 STREET
NEWBERRY FL 32669**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

59-3190044

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

9. Name and Address of Current Registered Agent

**ROLFE, KEVIN C
818 NW 202 STREET
NEWBERRY FL 32669**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 office 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **ROLFE, KEVIN**
STREET ADDRESS **818 NW 202 STREET**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **VC** ☐ DELETE
NAME **MCINTIRE, DAVID**
STREET ADDRESS **PO BOX 2834 N/A**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ST** ☐ DELETE
NAME **ROLFE, CHERYL**
STREET ADDRESS **818 NW 202 STREET**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☐ DELETE
NAME **NOLAND, ED**
STREET ADDRESS **4433 BLACK FOREST WAY**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ DELETE
NAME **CAPEHART, JEFFREY**
STREET ADDRESS **3206 NW 56 PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5-10-99 (352) 422-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E037 (11/98)