

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002621

FILED
Jul 25, 2005
Secretary of State

Entity Name: SOUTH EAST SEARCH AND RESCUE, INC.

Current Principal Place of Business:

818 NW 202 STREET
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

818 NW 202 STREET
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3190044 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: DC () Delete
Name: ROLFE, KEVIN C
Address: 818 NW 202 STREET
City-St-Zip: NEWBERRY, FL 32669

Title: ST () Delete
Name: MCLAURIN, BONNIE
Address: 5314 SW 79TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: VC () Delete
Name: ROLFE, CHERYL
Address: 818 NW 202 STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: SCRUGGS, SHERRY
Address: 3846 NW 13TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ROSTER, JAMIE
Address: 17 FERNWOOD LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHERYL ROLFE

VC

07/25/2005

Electronic Signature of Signing Officer or Director

Date