

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 007 ****61.25

DOCUMENT # N98000002534

1. Entity Name

**MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA,
INCORPORATED**



Principal Place of Business

**247 ESTRADA
NORTH PORT FL 34287**

Mailing Address

**P.O. BOX 486
VENICE FL 34284
US**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0854519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARETTE, GEORGE
247 ESTRADA
NORTH PORT FL 34287**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 VPD
NAME CHARETTE, GEORGE ☐ Delete
STREET ADDRESS 247 ESTRADA RD
CITY- ST- ZIP NORTH PORT FL 34287

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **WAYNE E. EAST**
STREET ADDRESS **1206 SILVER LAKE COURT**
CITY- ST- ZIP **VENICE, FL. 34285**

TITLE D
NAME BACKHAUS, KEITH ☐ Delete
STREET ADDRESS 2350 SCENIC DR
CITY- ST- ZIP VENICE FL 34293

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

TITLE D
NAME PRIBE, JAMES ☐ Delete
STREET ADDRESS 5048 KINGSLEY RD
CITY- ST- ZIP NORTH PORT FL 34287

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

TITLE D ☒ Delete
NAME KENNEDY, GEORGE
STREET ADDRESS 365 TURTLE BACK CROSSING
CITY- ST- ZIP VENICE FL 34292

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wayne E. East

Feb. 12, 2008

941-492-6017