

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005056

1. Entity Name

SEMINOLE HOME BASED EMERGENCY ASSISTANCE
RESPONSE TEAM, INCORPORATED



Principal Place of Business

100 WELDON BLVD.
SANFORD FL 32773

Mailing Address

P.O. BOX 951636
LAKE MARY FL 32795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3546475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUTZ, CHRIS A
600 N. HWY. 17-92, STE. 58
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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, 2004

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

TITLE CD
NAME JOHNSON, SYLVESTER
STREET ADDRESS 657 STONEFIELD LOOP
CITY- ST- ZIP HEATHROW FL 32746 ☐ Delete

TITLE VCD
NAME FURLONG, EMILY
STREET ADDRESS 1000 HOLT AVE., PHILANTHROPY CENTER
CITY- ST- ZIP WINTER PARK FL 32789 ☐ Delete

TITLE SD
NAME LUTZ, CHRIS
STREET ADDRESS 600 N. HWY. 17-92, #58
CITY- ST- ZIP LONGWOOD FL 32750 ☐ Delete

TITLE TD
NAME SHIELDS, PATRICIA
STREET ADDRESS 100 WELDON BLVD.
CITY- ST- ZIP SANFORD FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
U000000025937
02/02/04-80126-001 61.25

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

TITLE
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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 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 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:

Patricia Shields Patricia Shields 1/27/04 3234440 407