2007 NOT-FOR-PROFIT CORPORATION

Mar 19, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N98000005056 03-19-2007 90070 037 ****61.25 SEMINOLE HOME BASED EMERGENCY ASSISTANCE RESPONSE TEAM, INCORPORATED Principal Place of Business Mailing Address 40001000 100 WELDON BLVD. P.O. BOX 951636 SANFORD, FL 32773 LAKE MARY, FL 32795 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3546475 City & State City & State Applied For Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **LUTZ. CHRIS A** 600 N. HWY. 17-92, STE. 58 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD, FL 32750 Zip Code 32773 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE JOHNSON, SYLVESTER NAME NAME STREET ADDRESS 657 STONEFIELD LOOP STREET ADORESS HEATHROW, FL 32746 CITY-ST-ZIP CHY-ST-ZIP <u>C/D</u> TITLE VCD Detete TITLE [4] Change ☐ Addition FURLONG, EMILY NAME NAME STREET ADDRESS 1000 HOLT AVE., PHILANTHROPY CENTER STREET ADORESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition LUTZ, CHRIS NAME NAME STREET ADDRESS 600 N. HWY. 17-92, #58 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP TITLE ☐ Addition Delete me SHIELDS, PATRICIA NAME NAME STREET ADDRESS 100 WELDON BLVD. STREET ADDRESS CITY-ST-7IP SANFORD, FL 32773 CITY-ST-ZIP SD MLE □ Delete 5/D Change Addition MILE NAME BUSH, KEVIN NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

MAME

1349 S RIDGE LAKE CIRCLE

LONGWOOD, FL 32750

400 WEST AIRPORT BLVD

SANFORD, FL 32773

MEDLEY, DAVID

Delete

Murphy, John 225 N Kennel Sanford

☐ Change

□ Addition

FILED