

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005056

FILED
Mar 11, 2009
Secretary of State

Entity Name: SEMINOLE HOME BASED EMERGENCY ASSISTANCE RESPONSE TEAM, INCORPORATED

Current Principal Place of Business:

100 WELDON BLVD.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 951636
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3546475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, PATRICIA
100 WELDON BLVD.
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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: D () Delete
Name: JOHNSON, SYLVESTER
Address: 657 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: CD () Delete
Name: FURLONG, EMILY
Address: 1000 HOLT AVE., PHILANTHROPY CENTER
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: MURPHY, JOHN
Address: 225 N KENNEL RD.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BUSH, KEVIN
Address: 1349 S RIDGE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: VCD (X) Delete
Name: MEDLEY, DAVID
Address: 400 WEST AIRPORT BLVD
City-St-Zip: SANFORD, FL 32773

Title: SD (X) Delete
Name: WHITCOMB, LYNN
Address: 237 ARNOLD AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SHIELDS, PATRICIA
Address: 100 WELDON BOULEVARD
City-St-Zip: SANFORD, FL 32773

Title: D (X) Change () Addition
Name: FURLONG, EMILY
Address: 1000 HOLT AVE., PHILANTHROPY CENTER
City-St-Zip: WINTER PARK, FL 32789

Title: CD (X) Change () Addition
Name: MURPHY, JOHN
Address: 225 N KENNEL RD.
City-St-Zip: SANFORD, FL 32771

Title: VCD (X) Change () Addition
Name: WHITCOMB, LYNN
Address: 237 ARNOLD AVE
City-St-Zip: LONGWOOD, FL 32750

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 exemption stated 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 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: PATRICIA SHIELDS

TREA

03/11/2009

Electronic Signature of Signing Officer or Director

Date