

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005056

FILED
Apr 12, 2010
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: TD
Name: SHIELDS, PATRICIA
Address: 100 WELDON BOULEVARD
City-St-Zip: SANFORD, FL 32773

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

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

Title: VSD
Name: WHITCOMB, LYNN
Address: 237 ARNOLD AVE
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA SHIELDS

TREA

04/12/2010

Electronic Signature of Signing Officer or Director

Date