

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002200

FILED
Jan 05, 2004
Secretary of State

Entity Name: FLORIDA IMMEDIATE RESPONSE STRESS TEAM, INC.

Current Principal Place of Business:

11801 N ARMENIA AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

PO BOX 272487
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-3632814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELFLEY, SUE
11801 N ARMENIA AVE
TAMPA, FL 33612

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: WILSON, MARK A
Address: 3105 17TH STREET NW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: GALLATIN, NANCY J
Address: 2252 MISSOURI AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: DP () Delete
Name: WELFLEY, K S
Address: 11801 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33612

Title: DV () Delete
Name: FOJT, DIANE
Address: 13302 WINDING OAK COURT, SUITE B
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: ROIK, DEBBIE
Address: 1010 GREENLEAF WAY
City-St-Zip: TARPON SPRINGS, FL 34589

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: K WELFLEY

DP

01/05/2004

Electronic Signature of Signing Officer or Director

Date