

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000007552

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**5454841110CC**

**Entity Name:** STORM SEARCH AND RESCUE NON PROFIT CORPORATION

**Current Principal Place of Business:**

7117 NORTH SEYMOUR ROAD  
FLUSHING, MI 48433

**Current Mailing Address:**

7117 NORTH SEYMOUR RD.  
FLUSHING, MI 48433 US

**FEI Number:** 83-1025751

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ANDERSON, CHRISTOPHER  
204 SARANAC LANE  
ST. AUGUSTINE, FL 32086 US

*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:** CHRISTOPHER ANDERSON

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name GRIER, ROGER  
Address 2882 OLD NEW BERN ROAD  
City-State-Zip: CHOCOWINITY NC 27817

Title VC  
Name REYNOLDS, RYAN  
Address 619 OCKLEY DRIVE  
City-State-Zip: SHREVEPORT LA 71106

Title SECRETARY  
Name LLOYD, LEON  
Address 127 WHITE HERON LANE  
City-State-Zip: SWANSBORO NC 28584

Title TREASURER  
Name PENDLEY, TOMMY  
Address 2820 OLD NEW BERN ROAD  
City-State-Zip: CHOCOWINITY NC 27817

Title DIR  
Name ANDERSON, CHRIS  
Address 204 SARANAC LANE  
City-State-Zip: ST.AUGUSTINE FL 32086

Title CHIEF EXECUTIVE DIRECTOR  
Name LO'REE, ROBERT J III  
Address 7117 NORTH SEYMOUR RD.  
City-State-Zip: FLUSHING MI 48433

*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:** ROBERT J LO'REE III

**CHIEF EXECUTIVE  
DIRECTOR**

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date