

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000005445

**Entity Name:** DISASTER SOURCES INC.

**Current Principal Place of Business:**

2145 DAVIE BLVD  
SUITE #101  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2145 DAVIE BLVD  
SUITE #101  
FT LAUDERDALE, FL 33312 US

**FEI Number:** 88-1838207

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name CARROLL, DIANE  
Address 4421 MCNAB ROAD  
City-State-Zip: POMPANO BEACH FL 33069

Title DT  
Name GRIFFITH, BEVERLY  
Address 4421 MCNAB ROAD  
City-State-Zip: POMPANO BEACH FL 33069

Title DVP  
Name CROWE, CHARLES  
Address 4421 MCNAB ROAD  
City-State-Zip: POMPANO BEACH FL 33069

Title DS  
Name HOWARD, SUZETTE  
Address 4421 MCNAB ROAD  
City-State-Zip: POMPANO BEACH FL 33069

Title CEO  
Name SHARP, DANIELL  
Address 4421 MCNAB ROAD  
City-State-Zip: POMPANO BEACH FL 33069

*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:** DIANE CARROLL

**PRESIDENT**

**01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date