

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745264

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA AMBULANCE ASSOCIATION, INC.

Current Principal Place of Business:

2761 WEST OLD HWY 441
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

2761 WEST OLD HWY 441
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 65-0101850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDGE, JIM
2761 WEST OLD HIGH 441
MOUNT DORA, FL 32757 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: P () Delete
Name: EISMANN, WALT
Address: 3747 SILVERSTAR RD
City-St-Zip: ORLANDO, FL 32808 US

Title: P () Delete
Name: JUDGE, JIM
Address: 2761 WEST OLD HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: DYAL, DAVID
Address: 15566 74TH AVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V () Delete
Name: SKAVRONECK, ALAN
Address: P.O. BOX 494317
City-St-Zip: PORT CHARLOTTE, FL 33949 US

Title: T (X) Delete
Name: ANDREWS, BRYAN
Address: 2761 WEST OLD HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JUDGE, JIM
Address: 2761 W. OLD HWY 441
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP (X) Change () Addition
Name: SKAVRONECK, ALAN
Address: P.O. BOX 494317
City-St-Zip: PORT CHARLOTTE, FL 33949 US

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

Title: T (X) Change () Addition
Name: ANDREWS, BRYAN
Address: 2761 W. OLD HWY 441
City-St-Zip: MOUNT DORA, FL 32757 US

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: BRYAN ANDREWS

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date