


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90002 018 ****61.25

DOCUMENT # N03000003555

1. Entity Name
FLORIDA ASSOCIATION OF EMERGENCY MEDICAL
DISPATCHERS, INC.



Principal Place of Business: P O BOX 13685, TAMPA, FL 33681
Mailing Address: P O BOX 13685, TAMPA, FL 33681

54059483



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

06232004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
KIRK, E. FRANK
150 BUSH BLVD.
SANFORD, FL 32773

4. FEI Number: 46-0475211
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: JAMES R. LANIER III
Street Address (P.O. Box Number is Not Acceptable): 2300 SE 38TH ST
City: OULUA FL Zip Code: 34480

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *J.R. 20* DATE: 6-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KIRK, E. FRANK	
STREET ADDRESS	150 BUSH BLVD	
CITY-ST-ZIP	SANFROD, FL 32773	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANIER, JIM	
STREET ADDRESS	12490 ULMERTON RD	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMRICK, MARGARET	
STREET ADDRESS	P O BOX 13685	
CITY-ST-ZIP	TAMPA, FL 33681	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIDDELL, LAURA	
STREET ADDRESS	P O BOX 1000	
CITY-ST-ZIP	BRADENTON, FL 34206	
TITLE	BE SECRETARY	<input type="checkbox"/> Delete
NAME	DEBBIE SMITH	
STREET ADDRESS	112 CARSWELL AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J.R. 20* DATE: 6-23-04 DAYTIME PHONE #: 7274603439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR