

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003887

Entity Name: NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

FILED
Jan 25, 2021
Secretary of State
0660744079CC

Current Principal Place of Business:

3876 W COUNTRY HILL DR
LECANTO, FL 34461

Current Mailing Address:

3876 W COUNTRY HILL DR
LECANTO, FL 34461 US

FEI Number: 65-1021027

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAXTER, SCOTT C
3876 W COUNTRY HILL DR
LECANTO, FL 34461 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: SCOTT C BAXTER

01/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DAVIS, GENE
Address POST OFFICE BOX 700
City-State-Zip: INVERNESS FL 34451

Title VP
Name BLUE-MCLEAN, LACE
Address 3414 S FITCH AVE
City-State-Zip: INVERNESS FL 34452

Title PRESIDENT
Name HEDGES, MARY
Address 2505 N STAMPEDE DR
City-State-Zip: BEVERLY HILLS FL 34465

Title TREASURER
Name RUBEN, BRADLEY
Address 2299 N OVERLOOK PATH
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name CARROLL, GINGER
Address 502 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name STOCKTON, LINDA
Address 6201 N SUNCOAST BLVD
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name DECARLO, DAVE
Address 2374 S OLYMPIC HILLS TERRACE
City-State-Zip: INVERNESS FL 34450

Title SECRETARY
Name BEDFORD, PAMELA J
Address 8055 S BEDFORD RD
City-State-Zip: FLORAL CITY FL 34436

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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: MARY HEDGES

PRESIDENT

01/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEVENS, CRAIG
Address 3600 W SOVEREIGN PATH
City-State-Zip: LECANTO FL 34461