

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000002438

Entity Name: VOLUSIA AMBULANCE ASSOCIATION INC

Current Principal Place of Business:

4343 SOUTH RIDGEWOOD AVE SUITE A1
PORT ORANGE, FL 32127

Current Mailing Address:

4343 SOUTH RIDGEWOOD AVE SUITE A1
PORT ORANGE, FL 32127

FEI Number: 83-4111398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROUP, ROBERT
4343 SOUTH RIDGEWOOD AVE SUITE A1
PORT ORANGE, FL 32127 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 SECRETARY - TREASURER -
DIRECTOR
Name CORYELL, RANDI J
Address 1215 TATUM BLVD
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name BRASOL, LESLIE A
Address 1336 BEACON DR
City-State-Zip: DAYTONA BEACH FL 32117

Title PRESIDENT - DIRECTOR
Name WHEELER, LEONARD
Address 105 BLUE HERRON
City-State-Zip: DAYTONA BEACH FL 32119

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 G TROUP

REGISTERED AGENT

05/16/2022

Electronic Signature of Signing Officer/Director Detail

Date