

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90093 026 ****61.25

DOCUMENT # 711181

1. Entity Name

SUN CITY CENTER EMERGENCY SQUAD #1, INC.



Principal Place of Business

101 RAY WATSON DR.
SUN CITY CENTER FL 33573

Mailing Address

101 RAY WATSON DRIVE
SUN CITY CENTER FL 33573



1st MOORE

CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1147811

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD LINSKY ATTORNEY AT LAW
1509-B SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, DICK	
STREET ADDRESS	1146 NEW WINDSOR LOOP	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DM	<input type="checkbox"/> Delete
NAME	MALLAK, MARTHA	
STREET ADDRESS	111 RAY WATSON DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEIFERT, ALBERT	
STREET ADDRESS	1018 EL RANCHO DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRASCA, GEORGE	
STREET ADDRESS	101 RAY WATSON DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCJUNKIN, JAMES	
STREET ADDRESS	207 CACTUS FLOWER LANE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, MARTY	
STREET ADDRESS	101 RAY WATSON DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE PATRICK	
STREET ADDRESS	101 RAY WATSON DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLAK, MARTHA	
STREET ADDRESS	101 RAY WATSON DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MORRISON, DICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 RAY WATSON DR	
STREET ADDRESS	SUN CITY CENTER, FL 33573	
CITY-ST-ZIP		
TITLE	MICHAEL DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ANDERSON	
STREET ADDRESS	101 RAY WATSON DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMILY LAHTI	
STREET ADDRESS	101 RAY WATSON DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Albert Seifert ALBERT SEIFERT, TREASURER 2/15/06 817-633-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #