


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90012 041 *****70.00

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1147811		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATRICK, CHRISTINE 101 RAY WATSON DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATRICK, CHRISTINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALLAK, MARTHA 101 RAY WATSON DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEIFERT, ALBERT 1018 EL RANCHO DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, DICK 101 RAY WATSON DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MORRISON, DICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DM ANDERSON, MICHAEL 101 RAY WATSON DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Delete LAHTI, EMILY 101 RAY WATSON DR. SUN CITY CENTER FL 33573	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIFFORD, MARTHA 101 RAY WATSON DR. SUN CITY CENTER, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 1/27/07 313-633-1411 X414