

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747189 (9)

1. Corporation Name

FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL
SERVICE, INCORPORATED



Principal Place of Business

Mailing Address

716 WOODHILL DR
LAKELAND FL 33813
US

716 WOODHILL DR
LAKELAND FL 33813
US

3. Date Incorporated or Qualified
05/15/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2747652

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAVEN, HARVEY
716 WOODHILL DR
LAKELAND FL 33813

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME KIRK, FRANK
STREET ADDRESS 200 WEST COUNTRY HOME RD
CITY - ST - ZIP SANFORD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VP ☐ DELETE
NAME JUDGE, JAMES
STREET ADDRESS 1840 25TH ST
CITY - ST - ZIP VERO BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD ☐ DELETE
NAME COOKSEY, MICHAEL
STREET ADDRESS 700A SE 3RD ST
CITY - ST - ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE T ☐ DELETE
NAME CRAVEN, HARVEY
STREET ADDRESS 716 WOODHILL DR
CITY - ST - ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME VILLANI, DINO J
STREET ADDRESS 1112 MANATEE AVE WEST SUITE 525
CITY - ST - ZIP BRADENTON FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME ALGOOD, JAMES
STREET ADDRESS 2709 E HANNA AVE
CITY - ST - ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/94

941-5340370
Daytime Phone #

CR2E037 (12/95)