2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# 747189

Entity Name: FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED

Current Principal Place of Business:

3717 SOUTH CONWAY RD
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

3717 SOUTH CONWAY RD
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 59-2747652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, DAVID
2016 BUCKMINSTER CIRLCE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

FREEMAN, DAVID L
2016 BUCKMINSTER CIRLCE
ORLANDO, FL 32803 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: DAVID L FREEMAN 07/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FREEMAN, DAVID
Address: 2016 BUCKMINSTER CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete
Name: KEARNS, CHUCK
Address: 12490 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: D (X) Delete
Name: VICK, RANDY
Address: 615 N BONITA AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: FREEMAN, DAVID L
Address: 2016 BUCKMINSTER CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: PD (X) Change ( ) Addition
Name: KEARNS, CHUCK
Address: 12490 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID L FREEMAN TD 07/07/2008
Electronic Signature of Signing Officer or Director Date