

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747946

FILED
Jan 13, 2011
Secretary of State

Entity Name: FAMILY EMERGENCY SERVICES OF WINTER HAVEN, INC.

Current Principal Place of Business:

320 AVENUE T NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

PO BOX 624
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-0609724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATTOX, RAY
316 W. CENTRAL AVENUE
SUITE 312
WINTER HAVEN, FL US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: YOKSHAS, JOSEPH
Address: 200 AVENUE K SE APT. 93
City-St-Zip: WINTER HAVEN, FL 33880

Title: D
Name: WOODHEAD, DIANA
Address: 136 BERMUDA CT
City-St-Zip: WINTER HAVEN, FL

Title: T
Name: WHEATON, LENNY
Address: 340 GOODMAN AVE
City-St-Zip: LAKE ALFRED, FL 33850

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: DIANA WOODHEAD

D

01/13/2011

Electronic Signature of Signing Officer or Director

_____ Date