

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755183

FILED
May 30, 2006
Secretary of State

Entity Name: PORT ST. LUCIE VOLUNTEER AMBULANCE SERVICE, INC.

Current Principal Place of Business:

1800 SE TIFFANY AVE
P O BOX 8026
PT ST LUCIE, FL 34985

New Principal Place of Business:

Current Mailing Address:

1800 SE TIFFANY AVE
P O BOX 8026
PT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-2064368 **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:

Name and Address of New Registered Agent:

WALLACE, RAEANN
399 NE GRANDUER AVE
PT. ST. LUCIE, FL 34983 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WALLACE, RAEANN
Address: 399 NE GRANDUER AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: REYNOLDS, CHRISTOPHER M
Address: 1462 SW SANTIAGO AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: JENNINGS, JAANA
Address: 456 SEABREEZE LANE
City-St-Zip: PORT ST LUCIE, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAEANN WALLACE

PRES

05/30/2006

Electronic Signature of Signing Officer or Director

Date