

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755183

FILED
Apr 09, 2012
Secretary of State

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

Current Principal Place of Business:

1800 SE TIFFANY AVE
PT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

PO 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 ()

Name and Address of Current Registered Agent:

WALLACE, RAEANN
399 NE GRANDUER AVE
PT. ST. LUCIE, FL 34983 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: PRES
Name: WALLACE, RAEANN
Address: 399 NE GRANDUER AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: TREA
Name: JENNINGS, JAANA
Address: 456 SEABREEZE LANE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP
Name: JENNINGS, JAANA
Address: 456 SEABREEZE LANE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP
Name: ROSS, JEFFERY
Address: 1800 SE TIFFANY AVE
City-St-Zip: PORT ST LUCIE, FL 34952

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: RAEANN WALLACE

PRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date