

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759300

FILED
Jan 14, 2009
Secretary of State

Entity Name: EMERGENCY CARE HELP ORGANIZATION, INC.

Current Principal Place of Business:

702 WEST MADISON
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

702 WEST MADISON
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-2290628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COUNTERMAN, PETER M
420 EAST PARK AVE
41
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COUNTERMAN, PETER M
163 CONRAD HILLS ROAD
HAVANA, FL 32333 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

01/14/2009

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COUNTERMAN, PETER M
Address: 420 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: P () Delete
Name: HARRISON, JAMES
Address: 8891 BIXLER TR
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: GALLAGHER, JOM
Address: 3089 BAYSHORE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: WOOTEN, TERESA
Address: 750 SILVER MAPLE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: GASKINS, KEITH
Address: 6133 BORDERLINE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COUNTERMAN, PETER M
Address: 163 CONRAD HILLS RD
City-St-Zip: HAVANA, FL 32333

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

Title: T (X) Change () Addition
Name: GALLAGHER, JIM
Address: 3089 BAYSHORE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Change () Addition
Name: HALL, TOM
Address: 1422 STOURHEAD COURT
City-St-Zip: TALLAHASSEE, FL 32312

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: PETER COUNTERMAN

Electronic Signature of Signing Officer or Director

D

01/14/2009

Date