

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759300

FILED
Jan 04, 2010
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBERTS, HURB
6492 JUSTIN GRANT TRAIL
TALLAHASSEE, FL 32309 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: HURB ROBERTS

01/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROBERTS, HURB
Address: 6492 JUSTIN GRANT TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: P
Name: GASKINS, KEITH
Address: 6133 BORDERLINE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: T
Name: HARRISON, JIM
Address: 8891 BIXLER TR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S
Name: HALL, TOM
Address: 1422 STOURHEAD COURT
City-St-Zip: TALLAHASSEE, FL 32312

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: HURB ROBERTS

D

01/04/2010

Electronic Signature of Signing Officer or Director

Date