## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768812** 

**FILED** Mar 03, 2008 Secretary of State

Entity Name: MANATEE COUNTY EMERGENCY MEDICAL SERVICES AUXILIARY, INCORPORATED

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1112 MANATEE AVENUE WEST SUITE 525 BRADENTON, FL 34205

2101 47TH TERRACE EAST

BRADENTON, FL 34203

**Current Mailing Address:** 

New Mailing Address:

1112 MANATEE AVENUE WEST SUITE 525

PO BOX 1000

BRADENTON, FL 34205

BRADENTON, FL 34206

FEI Number: 59-2312113

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

T. ROSSI, FRANCESCA

WILLIAMSON, GENIE

1112 MANATEE AVENUE WEST SUITE 525

2101 47TH TÉRRACE EAST

BRADENTON, FL 34205

BRADENTON, FL 34203

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: GENIE WILLIAMSON

Electronic Signature of Registered Agent

FEI Number Applied For ( )

03/03/2008 Date

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

T. ROSSI, FRANCESCA Name:

4012 14TH AVENUE WEST Address: City-St-Zip: BRADENTON, FL 34205

Title: () Delete

WILLIAMSON, GENIE Name:

Address: 8466 N. LOCKWOOD RIDGE #329

City-St-Zip: SARASOTA, FL 34243

Title: DS () Delete

SULLIVAN, SHEILA Name: 1616 13TH STREET WEST Address:

City-St-Zip: PALMETTO, FL 34221

( ) Delete Title:

GALLAGHER, JANET Name: Address: 10421 OLD GROVE CL City-St-Zip: BRADENTON, FL 34212 (X) Change ( ) Addition

WILLIAMSON, GENIE Name:

Address: 8466 N. LOCKWOOD RIDGE #329

City-St-Zip: SARASOTA, FL 34243

(X) Change ( ) Addition Title:

Name: FILIPPI, JEFFRY

Address: 8615 59TH STREET EAST

City-St-Zip: PARRISH, FL 34219

Title: DS (X) Change ( ) Addition

HESTER, ALICE Name:

Address: 4828 TURTLE BAY TERRACE City-St-Zip: BRADENTON, FL 34203

Title: DT (X) Change ( ) Addition

GALLAGHER, JANET Name: 10421 OLD GROVE CIRCLE Address: City-St-Zip: BRADENTON, FL 34212

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: GENIE WILLIAMSON PD 03/03/2008