

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768812

FILED
Apr 05, 2009
Secretary of State

Entity Name: MANATEE COUNTY EMERGENCY MEDICAL SERVICES AUXILIARY, INCORPORATED

Current Principal Place of Business:

2101 47TH TERRACE EAST
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

PO BOX 1000
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 59-2312113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, GENIE
2101 47TH TERRACE EAST
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

HESTER, ALICE
4828 TURTLE BAY TERRACE
BRADENTON, FL 34203 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: ALICE HESTER

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMSON, GENIE
Address: 8466 N. LOCKWOOD RIDGE #329
City-St-Zip: SARASOTA, FL 34243

Title: DV () Delete
Name: FILIPPI, JEFFRY
Address: 8615 59TH STREET EAST
City-St-Zip: PARRISH, FL 34219

Title: DS () Delete
Name: HESTER, ALICE
Address: 4828 TURTLE BAY TERRACE
City-St-Zip: BRADENTON, FL 34203

Title: DT () Delete
Name: GALLAGHER, JANET
Address: 10421 OLD GROVE CIRCLE
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HESTER, ALICE
Address: 4828 TURTLE BAY TERRACE
City-St-Zip: BRADENTON, FL 34203

Title: DV (X) Change () Addition
Name: FILIPPI, JEFFRY
Address: 2101 47TH TERRACE E.
City-St-Zip: BRADENTON, FL 34203

Title: DS (X) Change () Addition
Name: VATTER, CHRISTINE
Address: 2101 47TH TERRACE E
City-St-Zip: BRADENTON, FL 34203

Title: DT (X) Change () Addition
Name: BOOTH, ALBERT
Address: 2101 47TH TERRACE E
City-St-Zip: BRADENTON, FL 34203

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: ALICE HESTER

PD

04/05/2009

Electronic Signature of Signing Officer or Director

Date